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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Th	an An Autho	rized Comn	nittee		Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If ty over the lines				
Political Action Comm	ittee of the American As:		opaedic Surgeo	ns 			
					1 1 1 1		
ADDRESS (number and stre	eet) 317 Massach	usetts Avenue, N	IE 				
Check if different than previously reported. (ACC)	1st Floor Washington				LDC L	20002	-
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY	A	:	STATEA	ZIPCO	DE 🛕
C00343137		3. IS T REP	HIS X	NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPOR' (Choose One) (a) Quarterly Reports	Report Due On	Feb 20	` ′ _	May 20 (M5) Jun 20 (M6)	H	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
X April 15		Apr 20	(M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Re July 15 Quarterly Re October 15 Quarterly Re	eport(Q2) (c) 12- PR	Day E -Election port for the:	Primary Conventi	- F	General (1		Runoff (12R)
January 31 Quarterly Re	eport(YE)	Election of	on			in the State o	of
July 31 Mid- Report(Non- Year Only) (election (d) 30- MY) Po :	Day st -Election port for the:	General	(30G)	Runoff (30	DR)	Special (30S)
(TER)		Election of	on			in the State o	of
5. Covering Period	01 01	2010	throu	gh 03	3 1	2010	
certify that I have examine Type or Print Name of Trea		-	edge and belief	it is true, correct	and complete.		
Signature of Treasurer	Electronically Filed by	William J. Robb,	III, MD	D	Date 0 4	13	2010
NOTE : Submission of fals	e, erroneous, or incompl	ete information m	nay subject the p	person signing thi	s Report to the	penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/371

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons

D D " D 0 1 0 1 2010 03 3 1 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1244924.20 January 1 (b) Cash on Hand at 1244924.20 Begining of Reporting Period 627239.99 627239.99 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1872164.19 1872164.19 6(a) and 6(c) for Column B) 339690.12 339690.12 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1532474.07 1532474.07 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 371

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

D D 0 1

2010

та:

м м

^D 3 1

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From (a) Individuals/Persons Other	1:		
Than Political Committees (i) Itemized (use Schedule A) .	579602.00	579602.00	
(ii) Unitemized	40423.00	40423.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	620025.00	620025.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	620025.00	620025.00	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	7179.12	7179.12	
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	35.87	35.87	
3. Transfers from Non-Federal and Levi	in Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)). 0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	627239.99	627239.99	
). Total Federal Receipts (subtract Line 18(c) from Line 19)	627239.99	627239.99	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/371

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7100.10	7100.10
Expenditures	7190.12	7190.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	7190.12	7190.12
. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	332500.00	332500.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(466 £11165 £6(4), (5), 4116 (6))		
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) i edelal Silale		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	339690.12	339690.12
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	339690.12	339690.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 371

	1 LO 1 01111 0X (110V. 02/2000)		
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	620025.00	620025.00
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	620025.00	620025.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7190.12	7190.12
7.	Offsets to Operating Expenditures (from Line 15, page 3)	7179.12	7179.12
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	11.00	11.00

FE6AN026

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to the American Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Abdul Foad, , MD Mailing Address 2745 Lincolnwa	у	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Clinton	State Zip Code IA 52732-7201	Transaction ID: 31199979 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, , MD Mailing Address 7955 Doral Dr		Date of Receipt 0 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 31199984
Beaumont FEC ID number of contributing federal political committee.	TX 77707-5446	Amount of Each Receipt this Period 500.00
Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Scott P Schemmel, , MD	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 1160 Pamela C	t	0 1 1 5 2 0 1 0
City Dubuque	State Zip Code IA 52003-8728	Transaction ID: 31199986
FEC ID number of contributing federal political committee.	C 32003-6726	Amount of Each Receipt this Period 250.00
Name of Employer Medical Associates Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Possints This Page (or	tional)	1750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 371 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD		Date of Receipt
Mailing Address 5549 Green Oak Dr		01 15 2010
City Los Angeles	State Zip Code CA 90068-2501	Transaction ID: 31199987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Peter M Bonutti, , MD Mailing Address 1303 W Evergreen A	1	Date of Receipt
Walling Address 1303 W Evergreen A	ive	01 15 / Y Y Y Y
City	State Zip Code	Transaction ID: 31199988
<u>Effingham</u>	IL 62401-1619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Guanche, , MD		Date of Receipt
Mailing Address 24948 Lorenzo Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Calabases	State Zip Code	Transaction ID: 31199991
Calabasas FEC ID number of contributing	CA 91302-3088	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1	2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD Mailing Address 869 Inverness Circ	cle	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31199993
Spartanburg FEC ID number of contributing federal political committee.	SC 29306-6680	Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Specialties Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael M Durkee, , MD		Date of Receipt
Mailing Address 2751 Northgate D	r	0 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31199998
Iowa City FEC ID number of contributing federal political committee.	IA 52245-9509	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey B Burnette, , MD		Date of Receipt
Mailing Address 116 N Haven Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31199999
Macon	GA 31210-1219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Piedmont Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD		Date of Receipt
Mailing Address 1771 Post Rd E	7'- O. d.	01 15 2010
City	State Zip Code CT 06880-5606	Transaction ID: 31200003
Westport FEC ID number of contributing federal political committee.	CT 06880-5606	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gilbert A Noirot, , MD		Date of Receipt
Mailing Address 14151 Veenstra Rd		01 15 2010
City	State Zip Code	Transaction ID: 31200004
Charlevoix	MI 49720-9574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Sarah D Beshlian, , MD		Date of Receipt
Mailing Address 1231 20th Ave E		M M / D D / Y Y Y Y Y Y 1 D D / 2 0 1 0
City	State Zip Code	Transaction ID: 31200005
Seattle	WA 98112-3530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Sports Medicine Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any perse name and address of any political committee the period of the properties of the period of the	
Full Name (Last, First, Middle Initial) Dr. Thomas E Brown, , MD Mailing Address 412 Rockwood Dr City Charlottesville FEC ID number of contributing federal political committee. Name of Employer UVA Medical Center Receipt For: Primary General Other (specify)	State Zip Code VA 22903-4732 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Dr. Robert A Caveney, , MD Mailing Address 30 Medical Park Ste 2 City Wheeling FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WV 26003-6391 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31200010 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Richard E White, Jr, MD Mailing Address 201 Cedar St SE Ste City Albuquerque FEC ID number of contributing federal political committee. Name of Employer New Mexico Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code NM 87106-5411 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		5500.00

Any information copied from such Reports and Statements in or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Political Action Committee of the American Associated Political Committee Political Political Committee Political Po	Zip Code 87106-5411	
Political Action Committee of the American Associated Provided Pro	Zip Code 87106-5411 tion aedic Surgeon ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Dwight W Burney, III, MD Mailing Address 201 Cedar SE Ste 6600 City State Albuquerque NM FEC ID number of contributing federal political committee. Name of Employer New Marks Of Albanandian	tion aedic Surgeon ate Year-to-Date ▼	Transaction ID: 31200012 Amount of Each Receipt this Period
City State Albuquerque NM FEC ID number of contributing federal political committee. Name of Employer Name of Employer New Marks Officeroadies Occupation	tion aedic Surgeon ate Year-to-Date ▼	Transaction ID: 31200012 Amount of Each Receipt this Period
Albuquerque FEC ID number of contributing federal political committee. Name of Employer New Marks Officeroadies Occupation	tion aedic Surgeon ate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer New Marino Orthopoldica	tion aedic Surgeon ate Year-to-Date ▼	
Name of Employer New Mexico Orthopaedics Occupa-	aedic Surgeon ate Year-to-Date ▼]
POLLIOD]
Full Name (Last, First, Middle Initial) Dr. James J Hamilton		Date of Receipt
Mailing Address 8736 Cherokee Ct		01 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Transaction ID: 31200013
<u>Leawood</u> KS	66206-1104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer University Physician Associates Occupation Orthop	tion aedic Surgeon	
Receipt For: Primary General Other (specify)	ate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Joseph E Trader, , MD		Date of Receipt
Mailing Address 1021 Memorial Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Transaction ID: 31200014
Manitowoc WI	54220-2242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Orthopaedic Assoc of Manitowoc Occupation Orthop	tion aedic Surgeon	
Receipt For: Aggrega	ate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number only)	<u> </u>	

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 371 (check only one) X
or for commercial purpos NAME OF COMMIT	ses, other than using the name and FEE (In Full)	may not be sold or used by any personal address of any political committee to sociation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr. David B Robie, , M Mailing Address 65 City Worthington FEC ID number of cofederal political comn Name of Employer Ohio Orthopedic Cer Excellence	State OH ontributing ittee. Occup	43085-3090	Date of Receipt M M
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 1000.00	
Full Name (Last, Firs Dr. Kristoffer Meyers B Mailing Address 89 City		e Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Woodbury FEC ID number of confederal political community Name of Employer.		55125-4914	Amount of Each Receipt this Period 1000.00
Summit Orthopaedic Receipt For: Primary Other (specify)	Ortho Aggree	paedic Surgeon gate Year-to-Date ▼ 1000.00	
Full Name (Last, Firs Dr. Alan H Wilde, , MD Mailing Address 85	. ,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Broadview Height FEC ID number of co	entributing	Zip Code 44147-1790	Transaction ID: 31200017 Amount of Each Receipt this Period 450.00
federal political comn Name of Employer Lutheran Hospital	Occup	ation paedic Surgeon	
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipt	s This Page (optional))	2450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard H Rothman, , MD Mailing Address Dept of Ortho Surg 925 Chestnut St 5th	ı Fl	Date of Receipt M
City Philadelphia	State Zip Code PA 19107-4206	Transaction ID: 31200019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Mayo Noerdlinger, , MD Mailing Address 1 Edward Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200020
York	ME 03909-5791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SMAO	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul Plattner, , MD		Date of Receipt
Mailing Address 2300 N Vermilion S	t	0 1
City	State Zip Code	Transaction ID: 31200022
Danville FEC ID number of contributing federal political committee.	IL 61832-1735	Amount of Each Receipt this Period 1000.00
Name of Employer Carle Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to nerican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. R Scott Cairns, , MD Mailing Address 850 Mt Carmel		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200023
Dubuque	IA 52003-7944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alonzo D Kornegay, Jr, MD	-	Date of Receipt
Mailing Address 170 Kimel Park Dr PO Box 25626		01 15 7 2010
City Winston Salem	State Zip Code NC 27103-6946	Transaction ID: 31200024
FEC ID number of contributing federal political committee.	C 27103-0940	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Craig T Kerins, , MD		Date of Receipt
Mailing Address 1521 Anthony Rd		0 1
City	State Zip Code	Transaction ID: 31200026
Augusta	GA 30904-4821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Augusta Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/3/1 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Ronald K Robinson, , MD			Date of Receipt
Mailing Address 1901 N California S	St		01 15 7 2010
City <u>Stockton</u>	State CA	Zip Code 95204-6005	Transaction ID: 31200027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Sutter Gould Medical Group	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bradley R Wille, , MD			Date of Receipt
Mailing Address 35 State Ave			0 1 1 5 2 0 1 0
City Faribault	State MN	Zip Code	Transaction ID: 31200028
FEC ID number of contributing federal political committee.	C	55021-6368	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic & Fracture Cl- inic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John D Kelly, IV, MD			Date of Receipt
Mailing Address Dept of Sports Med 215 S 33rd St	dicine		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19104-3801	Transaction ID: 31200029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Pennsylvania	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jerry L Mackel, , MD		Date of Receipt
Mailing Address Ft Wayne Orthopaed PO Box 2526	dics	01 15 2010
City	State Zip Code	Transaction ID: 31200030
Fort Wayne	IN 46801-2526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Amy L Ladd, , MD	1	Date of Receipt
Mailing Address Hand and Upper Lim 770 Welch Rd Ste 40	00	01 15 7 2010
City Palo Alto	State Zip Code	Transaction ID: 31200031
FEC ID number of contributing federal political committee.	CA 94304-1515	Amount of Each Receipt this Period 250.00
Name of Employer Stanford Univ	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas G Friermood, , MD		Date of Receipt
Mailing Address 660 Golden Ridge R	d Ste 250	0 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200032
Golden	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 371 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert N Satterfield, , MD Mailing Address 1019 Brookside Dr	NW		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilson FEC ID number of contributing federal political committee.	State NC	Zip Code 27893-2113	Transaction ID: 31200034 Amount of Each Receipt this Period 500.00
Name of Employer Wilson Orthopaedics Receipt For: Primary General Other (specify) ▼		dic Surgeon Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, , MD Mailing Address Concord Orthopae 264 Pleasant St City	dics PA	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Concord FEC ID number of contributing federal political committee.	NH C Occupation	03301-2551	Amount of Each Receipt this Period 250.00
Name of Employer Concord Orthopaedics PA Receipt For: Primary General Other (specify) ▼	Orthopae	dic Surgeon Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph Tobin, , MD Mailing Address 12 Lafayette PI Ste	- I - A		Date of Receipt 0 1 1 4 2 0 1 0
City Hilton Head Island FEC ID number of contributing federal political committee.	State SC	Zip Code 29926-2209	Transaction ID: 31200077 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		dic Surgeon Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		1750.00

SCHEDULE A (FEC FO	, , , , , , , , , , , , , , , , , , ,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such R or for commercial purposes, other the	eports and Statements may no nan using the name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful Political Action Committee	,	on of Orthopaedic Surge	ons
Full Name (Last, First, Middle Ini Dr. David C Baker, , MD	,		Date of Receipt
Mailing Address 19 Brookwo	od Ave Ste 104		01 14 7 2010
City	State	Zip Code	Transaction ID: 31200078
Carlisle	PA	17015-9142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic	: Surgeon	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	250.00	
Full Name (Last, First, Middle Ini Dr. Robert Daniel Mastey, , MD	tial)		Date of Receipt
Mailing Address 719 Sunset	Mountain Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200079
Chattanooga	TN	37421-2076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopaedic	: Surgeon	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Ini	tial)		Date of Receipt
Mailing Address 16 Pelham	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200080
Salem	NH	03079-2826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Essex Orthopaedics	Occupation Orthopaedic	: Surgeon	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
SUBTOTAL of Receipts This Page	e (optional)		1750.00
TOTAL This Period (last page this		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Todd A Sacks, , MD		Date of Receipt
Mailing Address 2041 Mesa Valley	•	01 14 2010
City Austell	State Zip Code GA 30106-6828	Transaction ID: 31200081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald R Reschly, , MD Mailing Address 1221 Primrose Lr		Date of Receipt 0 1 1 4 2 0 1 0
City	State Zip Code	Transaction ID: 31200082
Lancaster FEC ID number of contributing federal political committee.	WI 53813-2107	Amount of Each Receipt this Period 1000.00
Name of Employer Grant Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Scott F Holder, , MD		Date of Receipt
Mailing Address 205 Hospital Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Dover	State Zip Code OH 44622-2058	Transaction ID: 31200083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dover Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Stephen A Cord, , MD Mailing Address 4110 22nd PI City Lubbock FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 79410-1122 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 4 2 0 1 0 Transaction ID: 31200084 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Mark C Gebhardt, , MD Mailing Address Stoneman 10 Ortho 330 Brookline Ave City Boston FEC ID number of contributing federal political committee. Name of Employer HMFP, Inc Receipt For: Primary General Other (specify)	Surgery State Zip Code MA 02215-5400 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 4 2 0 1 0 Transaction ID: 31200085 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Nathaniel P Cohen, , MD Mailing Address 14601 S Bascom Av City Los Gatos FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	ve Ste 200 State Zip Code CA 95032-2031 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FE ITEMIZED RECEIF	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 371 (check only one) X
or for commercial purposes, NAME OF COMMITTEE	other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mi Dr. Animesh Agarwal, , MD Mailing Address Dept			Date of Receipt
7703	Floyd Curl Dr MC 7774		01 14 2010
City	State	Zip Code	Transaction ID: 31200087
San Antonio	TX	78229-3901	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			500.00
Name of Employer UTHSCSA	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary G Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi Dr. Thomas S Vinje, , MD Mailing Address 101 E	, 		Date of Receipt
City	State	Zip Code	0 1 1 4 2 0 1 0 Transaction ID: 31200095
Sterling	IL	61081-1252	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer Sterling Rock Falls Clinic	ГОппорав	edic Surgeon	
Receipt For: Primary Other (specify) ▼	Seneral Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi Dr. Jonathan P Garino, , M Mailing Address 835 S	D .		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200097
Villanova	PA	19085-2031	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer University of Pennsylvani	a Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts Tr	nis Page (optional)		2000.00
TOTAL This Period (last pa	age this line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kristy L Weber, , MD Mailing Address Dept of Ortho Surg 601 N Caroline St F City Baltimore FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Johns Hopkins University Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Sharon M Dreeben, , MD Mailing Address 4130 La Jolla Village	ge Dr Ste 300	Date of Receipt O 1
City	State Zip Code	Transaction ID: 31200100
<u>La Jolla</u>	CA 92037-1481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Brian A Shaw, , MD		Date of Receipt
Mailing Address 6484 Poage Valley	Rd Extension	01 14 2010
City	State Zip Code	Transaction ID: 31200101
Roanoke	VA 24018-6859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carilion Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 371 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Daniel J Nagle, , MD			Date of Receipt
Mailing Address 737 N Michigan Ave St	e 700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200102
Chicago	IL	60611-6662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	33 3 3 3 3	500.00	
Full Name (Last, First, Middle Initial) Dr. Laith A Farjo, , MD			Date of Receipt
Mailing Address 1808 Hermitage			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200103
Ann Arbor	MI	48104-4505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Advanced Orthopaedic Spec- ialists	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David W Edelstein, , MD			Date of Receipt
Mailing Address 2727 W Holcombe			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200106
Houston	TX	77025-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Kelsey Seybold Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 24 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using			on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association	of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Edward W Gutteling, , MD			Date of Receipt
Mailing Address 45 Mohouli St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi	p Code	Transaction ID: 31200107
<u>Hilo</u>	HI 9	6720-7210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopaedic St	urgeon	
Receipt For:	Aggregate Year-t	-	7
Primary General Other (specify) ▼	33 13312 1331	500.00]
Full Name (Last, First, Middle Initial) Dr. John Drkulec, , MD			Date of Receipt
Mailing Address 2800 E Broad St #1	24		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi	p Code	Transaction ID: 31200108
Mansfield	TX 7	6063-6410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Arlington Orthopaedic	Occupation Orthopaedic St	urgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David R Lionberger, , MD			Date of Receipt
Mailing Address 6560 Fannin Ste 10	16		0 1
City	State Zi	p Code	Transaction ID: 31200110
Houston	TX 7	7030-2725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopaedic St	urgeon	
Receipt For:	Aggregate Year-t	o-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persoing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Fredrick Huang, , MD		Date of Receipt
Mailing Address 4011 Talbot Rd 9	S Ste 300	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200112
Renton	WA 98055-5791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Clifford D Merkel, , MD		Date of Receipt
Mailing Address 1524 Elizabeth S	Ct .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200116
Redlands	CA 92373-7019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven D Steinlauf, , MD		Date of Receipt
Mailing Address 1514 Victoria Isla	e Way	0 1
City	State Zip Code	Transaction ID: 31200117
Weston	FL 33327-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ortho Associates of South Broward	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti-	onal)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 371 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Political Action Committee of the	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Rodolfo E Lawson, , MD Mailing Address 7150W 20th Ave S	Ste 215		Date of Receipt 0 1 1 9 2 0 1 0
City <u>Hialeah</u> FEC ID number of contributing federal political committee.	State FL	Zip Code 33016-1849	Transaction ID: 31200942 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD Mailing Address 22157 Breton Woo	ods Ct		Date of Receipt 0 1 1 9 2 0 1 0
City Leonardtown FEC ID number of contributing federal political committee.	State MD	Zip Code 20650-2162	Transaction ID: 31200943 Amount of Each Receipt this Period 500.00
Name of Employer Southern Maryland Orthopa- edic & Sports Receipt For: Primary General Other (specify) ▼	- ' '	edic Surgeon Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Raymond M P Sherman, , MD Mailing Address 4444 Perry Way	I		Date of Receipt 0 1 1 9 2 0 1 0
City Sioux City FEC ID number of contributing federal political committee.	State IA	Zip Code 51104-1126	Transaction ID: 31200944 Amount of Each Receipt this Period 500.00
Name of Employer CNOS Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	nal)		2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/371 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A		•	
Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD			Date of Receipt
Mailing Address Plymouth Bay Ortho 95 Tremont Ste One		tes	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State MA	Zip Code	Transaction ID: 31200945
Duxbury FEC ID number of contributing federal political committee.	C	02332-4738	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank V Aluisio, , MD			Date of Receipt
Mailing Address 2608 Southwick Dr			01 19 2010
City Greensboro	State NC	Zip Code 27455-0833	Transaction ID: 31200946
FEC ID number of contributing federal political committee.	C	27433-0033	Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Ce- nter, PA	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas G Craven, , MD			Date of Receipt
Mailing Address 7395 S 26th West A	Ave		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200947
Tulsa FEC ID number of contributing	OK	74132-2219	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		2500.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/3/1 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Matthew C Nadaud, , MD			Date of Receipt
Mailing Address 1128 E Weisgarbe	er Rd Ste 100		01 19 2010
City Knoxville	State TN	Zip Code 37909-2677	Transaction ID: 31200949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ortho Tennessee	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD			Date of Receipt
Mailing Address Duke Health Ctr O 3116 N Duke St	rtho		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200950
<u>Durham</u>	NC	27704-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Duke University	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Data of Dassiet
Dr. Peter J Stern, , MD Mailing Address Dept of Orthopaed 231 Albert Sabin W			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200951
Cincinnati FEC ID number of contributing federal political committee.	OH C	45267-0001	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Cincinnati College of Medicine	- ' ' ' '	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29/3/1 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. John James Krautmann, , MD			Date of Receipt
Mailing Address 1241 W Stadium D	r Ste L400		01 19 2010
City Jefferson City	State MO	Zip Code 65109-6024	Transaction ID: 31200952 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Jefferson City Medical Gr- oup	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mark T Wichman, , MD	I		Date of Receipt
Mailing Address 1575 N Rivercenter	r Dr Ste 160		01 19 2010
City Milwaukee	State WI	Zip Code 53212-3965	Transaction ID: 31200953
FEC ID number of contributing federal political committee.	C	33212-3903	Amount of Each Receipt this Period 250.00
Name of Employer Aurora Advanced Healthcare	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD			Date of Receipt
Mailing Address 1112 6th Ave Ste 3	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tacoma	State WA	Zip Code 98405-4048	Transaction ID: 31200955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30700 1010	250.00
Name of Employer FMG	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 371 (check only one) X
\ C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Stephen P Cowley, , MD			Date of Receipt
	Mailing Address 3425 Brookwood Tra	ice		01 19 2010
	City	State	Zip Code	Transaction ID: 31200958
	Birmingham	AL	35223-2879	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ortho Specialists of Alab- ama	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert L Burke, , MD			Date of Receipt
	Mailing Address 10223 Broadway Ste	A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31200959
	Pearland	TX	77584-7881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Joseph G Martin, , MD			Date of Receipt
	Mailing Address 2300 53rd Ave Ste 1	00		01 19 2010
	City	State	Zip Code	Transaction ID: 31200961
	Bettendorf	IA	52722-7565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ORA	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	l		2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Vincent J Russo, , MD Mailing Address 10290 N 92nd St Ste City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed	State AZ C Occupatio	Zip Code 85258-4508 n edic Surgeon	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31200962 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sean E McCance, , MD Mailing Address 1155 Park Ave City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 10128-1209 n edic Surgeon Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 9 2 0 1 0 Transaction ID: 31200963 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence D Lieber, , MD Mailing Address 4115 Fairview Ave City Downers Grove FEC ID number of contributing	State IL	Zip Code 60515-2200	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer M&M Orthopeadics Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		•	1500.00

ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 3 / 1 (check only one)
Any information co	pied from such Reports and ourposes, other than using th	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	MMITTEE (In Full) on Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Las Dr. Robert T Se	t, First, Middle Initial)			Date of Receipt
-	7600 W College Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 31200966
Palos Height FEC ID numbe federal political	r of contributing	C	60463-1001	Amount of Each Receipt this Period 250.00
Name of Employed	yer	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Las Dr. Clyde Alan F	t, First, Middle Initial) farris, , MD			Date of Receipt
Mailing Addres	19250 SW 65th Ave	Ste 200		0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tualatin		State OR	Zip Code 97062-7707	Transaction ID: 31200969 Amount of Each Receipt this Period
•	r of contributing committee.	C	37002-7707	500.00
Name of Employed	yer	Occupatio Orthopae	n edic Surgeon	
Receipt For:	C Ownered	_ ' _ ·	e Year-to-Date ▼	
Primary Other (sp	☐ General ecify) ▼		500.00	
Full Name (Las Dr. Raymond L	t, First, Middle Initial) Horwood, , MD			Date of Receipt
Mailing Addres	24723 Detroit Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 31200970
Westlake FEC ID number federal political	r of contributing committee.	OH C	44145-2526	Amount of Each Receipt this Period 250.00
Name of Employed	yer	Occupatio	n edic Surgeon	
Receipt For:		, , 	e Year-to-Date ▼	
Primary Other (sp	☐ General ecify) ▼		250.00]
SUBTOTAL of R	eceipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any page the name and address of any political committee. American Association of Orthopaedic Sur	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, , MD Mailing Address 4815 Liberty Ave S	Ste 250	Date of Receipt
City Pittsburgh	State Zip Code PA 15224-2156	Transaction ID: 31200971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	368.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 368.00	
Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, , MD Mailing Address Alpine Orthopaedi 2488 N California		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200972
Stockton	CA 95204-5508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alpine Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Randall J Lewis, , MD	•	Date of Receipt
Mailing Address 2021 K St NW Ste	∍ 400	01 19 2010
City	State Zip Code	Transaction ID: 31200975
Washington	DC 20006-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Washington Orthopaedics & Sports Medic Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	•
SURTOTAL of Receipts This Dags (antice	nal)	1368.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Folitical Action Committee of the A	unerican Association of Orthopaedic Surgeo	0115
Full Name (Last, First, Middle Initial) Dr. Mark J Geppert, , MD		Date of Receipt
Mailing Address Marsh Brook Profe 7 Marsh Brook Dr S		M M / D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200976
Somersworth	NH 03878-6523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Seacoast Ortho & Sports	Occupation	
Medicine Receipt For:	Orthopaedic Surgeon	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD		Date of Receipt
Mailing Address 1005 S Hemlock S	t	M M / D D / Y Y Y Y
City	State Zip Code	0 1 1 9 2 0 1 0 Transaction ID: 31200977
Iron Mountain	MI 49801-3854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Mahr, , MD	L	Date of Receipt
Mailing Address 7447 W Talcott Av	e Ste 500	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31200978
Chicago	IL 60631-3716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert G Kloepper, , MD Mailing Address 2000 Desert Hills D City Moab FEC ID number of contributing federal political committee. Name of Employer Allen Memorial Hospital Receipt For: Primary General	State Zip Code UT 84532-3310 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD Mailing Address Inter-Community P 315 N 3rd Ave Ste : City Covina FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Howard J Gelb, , MD Mailing Address 6214 NW 120th Dr City Coral Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 33076-1908 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al)	1000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and addr		n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associa	tion of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Gregory R Misenhimer, , MD			Date of Receipt
Mailing Address 104 Calle Cumbre			01 19 7 2010
City	State	Zip Code	Transaction ID: 31200984
El Paso	TX	79912-3433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer El Paso Orthopedic Surgery	Occupation	dic Surgeon	
Group Receipt For:		Year-to-Date ▼	\dashv
Primary General	Aggregate	Teal-10-Date •	7
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J Snyder, , MD	<u>'</u>		Date of Receipt
Mailing Address 6815 Noble Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31200985
Van Nuys	CA	91405-3796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer S.C.O.I.	Occupation Orthopaed	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. D Scott Redman, , MD	I		Date of Receipt
Mailing Address 820 S McClellan #30	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31201069
Spokane	WA	99204-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Inland Orthopaedics of Sp- okane	Occupation Orthopaed	dic Surgeon	
Receipt For:	_ , ' ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	33 13 110	250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

[7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	201	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 371 (check only one) X 11a
0	In yinformation copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	o solicit contributions from such committee.		
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Dr. Jeff Aaron Fox, , MD Mailing Address 6585 S Yale Ste 200			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31201070
	Tulsa FEC ID number of contributing federal political committee.	OK OK	74136-8315	Amount of Each Receipt this Period 250.00
	Name of Employer CSOS Receipt For: Primary General Other (specify)	, '	edic Surgeon e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Ronald G Hayter, , MD Mailing Address 1660 Gulf to Bay Blvd	Date of Receipt 0 1 1 9 2 0 1 0		
	City	State	Zip Code	Transaction ID: 31201071
	Clearwater	FL	33755-6423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Florida Knee & Ortho Center Receipt For: Primary General Other (specify)	, ' 	edic Surgeon e Year-to-Date 1000.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Dennis R McGee, , MD Mailing Address 600 N Robbins Rd Ste 401			Date of Receipt 0 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 31201094
	Boise	ID	83702-4566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Intermountain Orthopaedics	- 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			2250.00
Γ.	FOTAL This Period (last page this line number	only)		

FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Orthopaedic Surgeon Receipt For:	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38/3/1 (check only one)			
Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Babak Sheikh, MD Mailing Address 2532 Hunters Run Way City State Zip Code Weston FL 33327-1437 FEC ID number of contributing federal political committee. Name of Employer Self Employer Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David M Linner, MD Mailing Address 6348 Mercer City State Zip Code Houston TX 77005-3346 FEC ID number of contributing federal political committee. City State Zip Code Houston TX 77005-3346 FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David M Linner, MD Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David M Linner, MD Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, MD, MBA Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cieveland Clinic Orthopaedic Surgeon Aggregate Year-to-Date ▼ Firmary General Aggregate Year-to-Date ▼	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Dr. Babak Shekh., MD Mailing Address 2532 Hunters Run Way City State Zip Code Weston FL 33327-1437 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Orthopaedic Surgeon Receipt For: Dr. David M Linner, MD Date of Receipt Primary General Orthopaedic Surgeon Receipt For: Primary General Orthopaedic Surgeon Date of Receipt Inspection Date of Receipt Inspection Date of Receipt Inspection Date of Receipt Date of Receip		nerican Assoc	iation of Orthopaedic Surgeo	ons			
Mailing Address 2532 Hunters Run Way State				Date of Receipt			
City State Zip Code FL 33327-1437 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David M Lintner, MD Mailing Address 6348 Mercer City State Zip Code TX 77005-3346 FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code TX 75093-8172 Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. City State Zip Code TX 75093-8172 FEC ID number of contributing federal political committee. Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31201099 Amount of Each Receipt Mis P. Transaction ID: 31	Mailing Address 2532 Hunters Run W	Mailing Address 2532 Hunters Run Way					
FEC ID number of contributing federal political committee. Name of Employer Self Employed	•		·	Transaction ID: 31201097			
Receipt For:	FEC ID number of contributing		33327-1437	Amount of Each Receipt this Period 750.00			
Primary General Other (specify) ▼	Name of Employer Self Employed						
Dr. David M Lintner, , MD Mailing Address 6348 Mercer City State Zip Code TX 77005-3346 FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Other (specify) ▼ City Primary General Other (specify) ▼ City State Zip Code TX 77005-3346 Cocupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Date of Receipt this Post Primary General Other (specify) ▼ City State Zip Code Tansaction ID: 31201098 Amount of Each Receipt this Post Primary General Other (specify) ▼ City State Zip Code Tansaction ID: 31201099 Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer General Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼	Primary General	Aggregate					
City State Zip Code Houston TX 77005-3346 FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Plano TX 75093-8172 City State Zip Code TX 75093-8172 City State Zip Code TX 75093-8172 City State Zip Code Plano TX 75093-8172 Coccupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ O1 1 9 19 2 Transaction ID: 31201098 Amount of Each Receipt this Primary State Sign Code Transaction ID: 31201099 Amount of Each Receipt this Primary General Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼	,			Date of Receipt			
Houston TX 77005-3346 FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, , MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Name of Employer Cleveland Clinic Receipt For: Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Each Receipt this Political committee. Amount of Each Receipt this Political committee.	**			M M / D D / Y Y Y Y			
FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital			·				
Methodist Höspital Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, , MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Transaction ID: 31201099 Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Name of Employer Cleveland Clinic Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ 275.00	FEC ID number of contributing		77003-3340	500.00			
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 31201099 Amount of Each Receipt this Pound of Coccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Name of Employer Methodist Hospital						
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, , MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Receipt For: Primary General Date of Receipt M M / D D D / Y Y Y O 1 1 9 2 Transaction ID: 31201099 Amount of Each Receipt this Primary General							
Dr. Isador H Lieberman, , MD, MBA, Mailing Address 6020 W Parker Rd Ste 200 City State Zip Code Plano TX 75093-8172 FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Receipt For: Primary General Date of Receipt Transaction ID: 31201099 Amount of Each Receipt this Poly 19 19 19 19 19 19 19 19 19 19 19 19 19			500.00				
City State Zip Code Transaction ID: 31201099 Plano TX 75093-8172 FEC ID number of contributing federal political committee. C State Zip Code Transaction ID: 31201099 Amount of Each Receipt this Political committee. 37 Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼				Date of Receipt			
Plano TX 75093-8172 Amount of Each Receipt this Position of Employer Cleveland Clinic Receipt For: Primary General Amount of Each Receipt this Position of Each Receipt this Positio	Mailing Address 6020 W Parker Rd S						
FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic	-		·				
Cleveland Clinic Orthopaedic Surgeon Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼	FEC ID number of contributing		/5093-81/2	Amount of Each Receipt this Period 375.00			
Primary General 275 00	Name of Employer Cleveland Clinic						
	Primary General	Aggregate					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			1625.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD Mailing Address 400 Silver Cedar C	t	Date of Receipt
City	State Zip Code	0 1 1 9 2 0 1 0 Transaction ID: 31201100
Chapel Hill FEC ID number of contributing federal political committee.	NC 27514-1585	Amount of Each Receipt this Period 1000.00
Name of Employer ABOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William J Hozack, , MD Mailing Address 925 Chestnut St 5tl	n Fl	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State Zip Code PA 19107-4206	Transaction ID: 31201102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Green, , MD		Date of Receipt
Mailing Address 2 Dudley St Ste 200	0	0 1
City Providence	State Zip Code RI 02905-3248	Transaction ID: 31201103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University Orthopaedics Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons				
Full Name (Last, First, Middle Initial) Dr. Kourosh Korsh Jafarnia, , MD		Date of Receipt			
Mailing Address 617 Little John		01 19 2010			
City	State Zip Code	Transaction ID: 31201105			
Houston	TX 77024-5720	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer KSF Orthopedic Associates	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. Kevin Earl Wright, , MD					
Mailing Address 210 East 25th St Apt	Mailing Address 210 East 25th St Apt 4RW				
City	State Zip Code	Transaction ID: 31201106			
New York	NY 10010-3171	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Dr. George W Prutzman, Jr, MD					
Mailing Address 689 Sierra Rose Dr S	Ste B	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 31201107			
Reno	NV 89511-2076	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Advanced Orthopaedics	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)		1250.00			
, ,	er only)				

Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Political Action Committee of the Americal Full Name (Last, First, Middle Initial) Dr. Steven B Wertheim, , MD Mailing Address 70 Old Stratton Chase Note of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Steen City Maplewood FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed	an Association of Orthopaedic Surgeor	
Full Name (Last, First, Middle Initial) Dr. Steven B Wertheim, , MD Mailing Address 70 Old Stratton Chase N' City Atlanta FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.	W State Zip Code GA 30328-3652	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 70 Old Stratton Chase N' City Atlanta FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.	State Zip Code GA 30328-3652	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Atlanta FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.	GA 30328-3652	
FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.		1
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.	Occupation Orthopaedic Surgeon	_
Dr. Edward T Su, , MD Mailing Address 1600 St John's Blvd Ste City Maplewood FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 1000.00	
Maplewood FEC ID number of contributing federal political committee.	101	Date of Receipt
FEC ID number of contributing federal political committee.	State Zip Code	0 1 1 9 2 0 1 0 Transaction ID: 31201109
federal political committee.	MN 55109-1190	Amount of Each Receipt this Period
Name of Employer	C	1000.00
Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Cornelis M Elmes, , MD		Date of Receipt
Mailing Address PO Box 6807		01 19 2010
City Vacaville	State Zip Code CA 95696-6807	Transaction ID: 31201110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas J Dowling, Jr, MD			Date of Receipt
	Mailing Address 763 Larkfield Rd 2nd	FI		01 19 7 2010
	City Commack	State NY	Zip Code 11725-3131	Transaction ID: 31201111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Long Island Spine Special- ists PC	Occupation Orthopa	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Paul G Johnson, , MD	Date of Receipt		
	Mailing Address 6490 Excelsior Blvd S	01 19 2010		
	City Saint Louis Park	State MN	Zip Code 55426-4721	Transaction ID: 31201112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33420 4721	1000.00
	Name of Employer Park Nicollet Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Thomas D Meade, , MD			Date of Receipt
	Mailing Address OAA Orthopaedic Sp 250 Cetronia Rd Ste 3	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Allentown	State PA	Zip Code 18104-9168	Transaction ID: 31201116 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	2500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			4500.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. S Robert Rozbruch, , MD			Date of Receipt
	Mailing Address 535 E 70th St		7: 0.1	01 19 2010
	City New York	State NY	Zip Code 10021-4823	Transaction ID: 31201117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10021 4020	375.00
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Frank B Norberg, , MD	Date of Receipt		
	Mailing Address 3250 W 66th St Ste 1	01 19 2010		
	City	State	Zip Code	Transaction ID: 31201119
	Minneapolis	MN	55435-2500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Twin Cities Orthopaedics	Occupation Orthopae	on edic Surgeon	
	Receipt For:	_ ' ' _	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) Dr. Russell N Oakley, , MD			Date of Receipt
	Mailing Address 820 S McClellan, #30	00		0 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 31201120
	Spokane	WA	99204-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	_ ' 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1375.00
İ	TOTAL This Period (last page this line number		<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 371 (check only one) X 11a
or for	oformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) Colitical Action Committee of the Amer	name and add	dress of any political committee to	
4. <u>Dr</u>	Il Name (Last, First, Middle Initial) . A Herbert Alexander, , MD ailing Address 100 Hospital Dr Ste 10 PO Box 6997	0 State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FE	etchum C ID number of contributing deral political committee.	C	83340-6997	Amount of Each Receipt this Period 250.00
	ame of Employer elf Employed aceipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 250.00	
B. <u>Dr.</u>	Il Name (Last, First, Middle Initial) . James M McKenzie, , MD ailing Address 2201 NW Vassar Ct			Date of Receipt 0 1 2 0 2 0 1 0
FE	entonville EC ID number of contributing deral political committee.	State AR	Zip Code 72712-8582	Transaction ID: 31201248 Amount of Each Receipt this Period 1000.00
Mo <u>rts</u>	ame of Employer cKenzie Orthopedic & Spo- s Clinic sceipt For: Primary Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00	
Dr. Ma	II Name (Last, First, Middle Initial) . Robert S Adelaar, , MD ailing Address Dept of Ortho Surgery Box 980153, MCV Stat	ion		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE	ichmond C ID number of contributing	State VA	Zip Code 23298-0153	Transaction ID: 31201249 Amount of Each Receipt this Period 250.00
Na	deral political committee. Tame of Employer CU Orthopaedics	Occupatio	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUB	TOTAL of Receipts This Page (optional)	<u> </u>	······	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 371 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD Mailing Address 1310 W Stewart Dr Si	to 500		Date of Receipt
Mailing Address 1310 W Stewart Dr St	01 20 2010		
City	State	Zip Code	Transaction ID: 31201251
Orange FEC ID number of contributing federal political committee.	CA	92868-3856	Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James H Van Olst, , MD Mailing Address 136 SW Washington	A.v. #005		Date of Receipt
Mailing Address 136 SW Washington	AVE #605		01 20 2010
City	State	Zip Code	Transaction ID: 31201252
Corvallis	OR	97333-4879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Matthew E Mitchell, , MD			Date of Receipt
Mailing Address 4140 Centennial Hills	Blvd Ste A		01 20 7 2010
City	State	Zip Code	Transaction ID: 31201256
Casper	WY	82609-3265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Casper Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 371 (check only one) X		
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	, ,	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeon				
	Full Name (Last, First, Middle Initial) Dr. Craig P Smith, , MD Mailing Address 4140 Centennial Hills	Date of Receipt				
	waining Address 4140 Centenniai Hills	01 20 2010				
	City	State	Zip Code	Transaction ID: 31201257		
	Casper	WY	82609-3265	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00]		
	Full Name (Last, First, Middle Initial) Dr. Alejandro Badia, , MD	Date of Receipt				
	Mailing Address 3650 NW 82nd Ave 5	01 20 7 2010				
	City	State	Zip Code	Transaction ID: 31201258		
	<u>Doral</u>	<u>FL</u>	33166-6662	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
	Full Name (Last, First, Middle Initial) Dr. Gregory A Mencio, , MD	Date of Receipt				
	Mailing Address 2200 Children's Way	01 20 7 2010				
	City	State	Zip Code	Transaction ID: 31201259		
	Nashville	TN	37232-0005	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Vanderbilt University		edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		250.00			
Г	SUBTOTAL of Receipts This Page (optional)	1		1750.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD Mailing Address 300 S 8th St Ste 17 City Murray FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code KY 42071-2444 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31201260 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Roger Charles Dunteman, , MD Mailing Address 850 Ironwood Dr St	1000.00	Date of Receipt
City Coeur D Alene FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code ID 83814-4903 C Occupation Orthopaedic Surgeon	Transaction ID: 31201262 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alan B Thomas, , MD Mailing Address 7308 Bridgeport Wa City Lakewood	State Zip Code WA 98499-8000	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Proliance	Occupation Orthopaedic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. Thomas John Noonan, , MD		Date of Receipt			
Mailing Address 8200 E Belleview Av	Mailing Address 8200 E Belleview Ave Ste 615E				
City	State Zip Code	Transaction ID: 31201270			
Greenwood Village	CO 80111-2898	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Steadman Hawkins Clinic Denver	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. James M Loddengaard, , MD		Date of Receipt			
Mailing Address 23456 Hawthorne Bl	Mailing Address 23456 Hawthorne Blvd Ste 300				
City	State Zip Code	Transaction ID: 31201271			
Torrance	CA 90505-4716	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Torrance Orthopaedics & Sports Med	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. J Andrew Parr, , MD		Date of Receipt			
	541 Clinical Dr Ste 600				
City Indianapolis	State Zip Code IN 46202-5233	Transaction ID: 31201272			
•	IN 46202-5233	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer University Orthopedic Ass- ociates	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)		1250.00			
	er only)				

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persiness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Russell A Hudgens, , MD			Date of Receipt
Mailing Address 3610 Springhill Mer	morial Dr N		01 20 7 2010
City	State	Zip Code	Transaction ID: 31201274
Mobile	AL	36608-1162	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Alabama Orthopaedic Clinic	Occupation Orthopae	dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General	33 - 3 - 10		7
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Joseph N Wilson, , MD	·		Date of Receipt
Mailing Address 4701 85th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31201275
Lubbock	TX	79424-4104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Center Orthopaedic Surgery	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard W Barth, , MD			Date of Receipt
Mailing Address 2021 K St Ste 400			01 20 2010
City	State	Zip Code	Transaction ID: 31201276
Washington	DC	20006-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Washington Orthopaedics & Sports Med	Occupation Orthopae	dic Surgeon	
Receipt For:	''	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optiona	J)		1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Melbourne D Boynton, , MD Mailing Address 3 Albert Cree Dr City Rutland FEC ID number of contributing federal political committee. Name of Employer Vermont Ortho Clinic Receipt For:	State Zip Code VT 05701-4601 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 2 0 1 0 Transaction ID: 31201277 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
J Michael Wiater, , MD Mailing Address Beverly Hills Orthop 17877 W Fourteen N City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31201279 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. James R Kasser, , MD Mailing Address 300 Longwood Ave City Boston FEC ID number of contributing federal political committee. Name of Employer COSF Receipt For: Primary General Other (specify)	State Zip Code MA 02115-5724 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / 20 / 2010 Transaction ID: 31201280 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) >	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to smerican Association of Orthopaedic Surgeor	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory John Della Rocca, , MD Mailing Address Ortho Dept MC213 1 Hospital Dr City Columbia FEC ID number of contributing federal political committee. Name of Employer Univ of Missouri School of Medicine Receipt For: Primary General Other (specify)	State Zip Code MO 65212-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31201282 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD Mailing Address 2260 Harcourt Dr City Cleveland Heights FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code OH 44106-4610 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 0 1 0 Transaction ID: 31201283 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Knute C Buehler, , MD Mailing Address 2200 NE Neff Rd S City Bend FEC ID number of contributing federal political committee. Name of Employer The Center Oregon Receipt For: Primary General	te 200 State Zip Code OR 97701-4281 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31201284 Amount of Each Receipt this Period 1000.00
Other (specify) SUBTOTAL of Receipts This Page (optional	1000.00	1750.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 52/371 11c
or for commercial	I purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of solicitin solicit contributions from su	g contributions ch committee.
\	OMMITTEE (In Full) tion Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons	
Dr. Brian C Scl	**			Date of Receipt	
Mailing Addre	ss 48 Doctors Park	State	Zip Code	01 20	2010
Cape Girard	deau	MO	63703-4928	Transaction ID: 3120 Amount of Each Rece	
· · · · ·	er of contributing	C	00700 4020	Amount of Laciffied	250.00
Name of Emp Ortho Associa ssouri Receipt For: Primary Other (s		, '	n edic Surgeon e Year-to-Date ▼ 250.00		
Dr. Ralph F Ra	ast, First, Middle Initial) ashbaum, , MD ss 6020 W Parker Rd Ste	e 200		Date of Receipt	Y "Y "Y "Y
	0020 W Tarkor Ha Ok	J 200		01 20	2010
City		State	Zip Code	Transaction ID: 3120	01298
<u>Plano</u>		TX	75093-8172	Amount of Each Rece	eipt this Period
FEC ID numb federal politica	er of contributing al committee.	C			375.00
Name of Emp Texas Back Ir	loyer nstitute	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 375.00		
,	ast, First, Middle Initial) hen Brecht, , MD			Date of Receipt	
Mailing Addre	ss 25 Chatham Rd			01 / 20	2010
City		State	Zip Code	Transaction ID: 3120	
<u>Longmeado</u>)W	MA	01106-1203	Amount of Each Rece	eipt this Period
FEC ID numb federal politica	er of contributing al committee.	С			250.00
Name of Emp New England Surgeons	lover Orthopaedic	Occupatio Orthopae	n edic Surgeon		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (s	General specify) ▼		250.00		
SUBTOTAL of	Receipts This Page (optional)	<u> </u>			875.00
	eriod (last page this line number		<u> </u>		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 371 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Greenberg, , MD			Date of Receipt
	Mailing Address 8501 Harcourt Rd			01 20 2010
	City Indianapolis	State IN	Zip Code 46260-2046	Transaction ID: 31201300
	FEC ID number of contributing federal political committee.	C	40200*2040	Amount of Each Receipt this Period 1000.00
	Name of Employer Indiana Hand & Shoulder Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Paul T Rud, , MD	1		Date of Receipt
	Mailing Address 15684 Birchwood Ln			01 20 2010
	City	State	Zip Code	Transaction ID: 31201302
	Brainerd	MN	56401-6177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. James McMaster Bryan, , MD			Date of Receipt
	Mailing Address 1075 Mason Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31201304
	Daytona Beach	FL	32117-4611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		475.00
	Name of Employer Orthopaedic Clinic of Day- tona Beach	 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
	SUBTOTAL of Receipts This Page (optional)			1725.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard Chang, , MD Mailing Address 1081 Route 22 W City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Somerset Orthopaedic Associates Receipt For: Primary General	State Zip Code NJ 08807-2921 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31201306 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William G DeLong, Jr, MD Mailing Address 801 Ostrum St PF	250.00 PHP2	Date of Receipt 0 1 2 0 2 0 1 0
City Bethlehem FEC ID number of contributing federal political committee. Name of Employer St Luke's Hospital & Health Network Receipt For: Primary General Other (specify)	State Zip Code PA 18015-1000 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Transaction ID: 31201307 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Michael R McLean, , MD Mailing Address PO Box 632749 City Nacogdoches FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75963-2749 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 0 1 2 0 1 0 Transaction ID: 31208988 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas C Schuler, , MD Mailing Address 1831 Wiehle Ave 2 City Reston FEC ID number of contributing federal political committee. Name of Employer The Virginia Spine Institute Receipt For: Primary General	State Zip Code VA 20190-5266 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 1 2 0 1 0 Transaction ID: 31208990 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bash, , MD Mailing Address 410 Saybrook Rd S City Middletown FEC ID number of contributing	250.00 Ste 100 State Zip Code CT 06457-4780 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Middlesex Orthopaedic Surgeons Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Warren Grossman, , MD Mailing Address 10662 Zurich St City Hollywood FEC ID number of contributing federal political committee.	State Zip Code FL 33026-4830 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Ortho Assoc of South Broward Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 371 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to be American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Vermon Sims Esplin, , MD Mailing Address 560 Memorial Di City Pocatello FEC ID number of contributing federal political committee. Name of Employer Idaho Orthopaedic Specialists Receipt For: Primary General Other (specify)	State Zip Code ID 83201-4073 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 1 2 0 1 0 Transaction ID: 31208999 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Gerald R Williams, Jr, MD Mailing Address 925 Chestnut St City Philadelphia FEC ID number of contributing federal political committee. Name of Employer The Rothman Institute Receipt For: Primary General Other (specify)	State Zip Code PA 19107-4206 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31209001 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr. Carlton M Clinkscales, , MD Mailing Address 2535 S Downing City Denver FEC ID number of contributing federal political committee. Name of Employer Hand Surgery Associates Receipt For: Primary General Other (specify)	State Zip Code CO 80210-5852 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y O 1 2 0 2 0 1 0 Transaction ID: 31209002 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (opti	ional)	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 371 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and address of any political committed	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey B Neustadt, , MD Mailing Address 625 6th Ave South City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Children's Ortho & Scoliosis Surgery A Receipt For: Primary General Other (specify)	State Zip Code FL 33701-4662 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Rex A W Marco, , MD Mailing Address 5312 Valerie St City Bellaire FEC ID number of contributing federal political committee. Name of Employer University of Texas Receipt For: Primary General Other (specify)	State Zip Code TX 77401-4813 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 20 / 2010 Transaction ID: 31209991 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. John B Wood, , MD Mailing Address 403 Mockingbird Ln City Carbondale FEC ID number of contributing federal political committee. Name of Employer Southern Orthopedic Associates Receipt For: Primary General Other (specify)	State Zip Code IL 62901-5249 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / 20 2010 Transaction ID: 31209992 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	1	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and triple for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD			Date of Receipt
	Mailing Address 4409 Chinlee Ave			01 20 2010
	City Albuquerque	State NM	Zip Code 87110-5715	Transaction ID: 31209994 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,110	500.00
	Name of Employer New Mexico Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard L Rouhe, , MD Mailing Address 341 Magnolia Ave Ste	101		Date of Receipt
		; 101		01 20 2010
	City Corona	State CA	Zip Code 92879-3331	Transaction ID: 31209995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32073 3301	500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_).	Full Name (Last, First, Middle Initial) Dr. Stephen A Cord, , MD			Date of Receipt
	Mailing Address 4110 22nd PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31209999
	Lubbock FEC ID number of contributing federal political committee.	C	79410-1122	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 750.00	
[SUBTOTAL of Receipts This Page (optional) .			1250.00
	FOTAL This Period (last page this line number			

City State Zip Code WA 98388-2503 FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David E Nonweller, MD Mailing Address William Medical Bldg 6585 S Yale Ste 200 City State Zip Code OK 74136-8315 FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Surgeon Receipt For: Primary General OK 74136-8315 FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Dr. Michael S Schwartz, MD Malling Address 4031 W Plano Pkwy Ste 100 City State Zip Code Plano TX 75938-5617 FEC ID number of contributing tederal political committies. Name of Employer General Other (specify) ▼ 250.00 B. Dr. Bruce Ross Wheeler, MD Maling Address 1301 Nisqually St City State Zip Code Tyrimary General Other (specify) ▼ 250.00 Date of Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00	7	NAME OF COMMITTEE (In Full)			
City State Zip Code TX 75993-5617 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Cocupation Orthopaedic Surgeon Malling Address 1301 Nisqually St State Zip Code WA 98388-2503 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code WA 98388-2503 FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 31210044 Amount of Each Receipt this Period EC Dumber of contributing federal political committee. Pull Name (Last, First, Middle Initial) Duby Stellacoom FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Duby Stellacoom Stella	∠ 4.	Full Name (Last, First, Middle Initial)			
Plano TX 7593-5617 FEC ID number of contributing federal political committee. Name of Employer Self Employer Occupation Orthopaedic Surgeon Primary General Other (specify) ▼ 250.00 Transaction ID: 31210044 Amount of Each Receipt this Period 250.00 Date of Receipt To: Vi State Zip Code Signeral Orthopaedic Surgeon FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Other (specify) ▼ 250.00 Date of Receipt To: Vi Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Mailing Address 4031 W Plano Pkwy St	e 100		01 20 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed C		-		•	
Receipt For: Primary		FEC ID number of contributing			
Receipt For:		Name of Employer Self Employed			
Dr. Bruce Ross Wheeler, MD Mailing Address 1301 Nisqually St City State Zip Code WA 98388-2503 FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr. David E Nonweiler, MD Mailing Address William Medical Bldg 6585 S Yale Ste 200 City State Zip Code Transaction ID: 31210044 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 31210044 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Transaction ID: 31215028 Amount of Each Receipt Date of Receipt Amount of Each Receipt this Period Transaction ID: 31215028 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	<u> </u>	e Year-to-Date ▼	
City State Zip Code WA 98388-2503 FEC ID number of contributing federal political committee. Name of Employer Central States Other (specify) ▼ State Zip Code	- В.	Dr. Bruce Ross Wheeler, , MD			M M / D D / Y Y Y Y
Steilacoom FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. David E Nonweiler, MD Mailing Address William Medical Bldg 6585 S Yale Ste 200 City State Zip Code OK 74136-8315 FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General OK 74136-8315 Aggregate Year-to-Date ▼ 1000.00 Aggregate Year-to-Date ▼ 1000.00		City	State	Zip Code	
Name of Employer Group Health Permanente		Steilacoom	WA	98388-2503	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. David E Nonweiler, , MD Mailing Address William Medical Bldg 6585 S Yale Ste 200 City State Zip Code Tulsa OK 74136-8315 FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00			С		250.00
Primary Other (specify) ▼		Name of Employer Group Health Permanente			
Dr. David E Nonweiler, , MD Mailing Address William Medical Bldg 6585 S Yale Ste 200 City State Zip Code Tulsa OK 74136-8315 FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt M M M / D D / 2 1 / 2 0 1 0 Transaction ID: 31215028 Amount of Each Receipt this Period 1000.00 Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00		Primary General	Aggregate		
City Tulsa FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary Other (specify) ▼ Other (specify) ▼ State Zip Code OK 74136-8315 Amount of Each Receipt this Period Transaction ID: 31215028 Amount of Each Receipt this Period 1000.00	- C.	,			Date of Receipt
Tulsa OK 74136-8315 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00					
FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		-		•	
Specialists Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		FEC ID number of contributing		74130-0313	
Primary General Other (specify) ▼ 1500.00		Specialists	Orthopa	edic Surgeon	
1500.00		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \ '	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD Mailing Address 525 St Mary St		Date of Receipt
		01 21 2010
City	State Zip Code	Transaction ID: 31215030
Thibodaux	LA 70301-2627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Thibodaux Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr. Pierre Durand, , MD		Date of Receipt
Mailing Address 375 Rolling Oaks D		01 21 7 2010
City	State Zip Code	Transaction ID: 31215032
Thousand Oaks FEC ID number of contributing federal political committee.	CA 91361-1027	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr. Richard Wathne, , MD		Date of Receipt
Mailing Address 333 N 18th Ave Ste	D1	01 21 2010
City	State Zip Code	Transaction ID: 31215033
Pocatello	ID 83201-3358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pocatello Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	I)	1250.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ns		
Full Name (Last, First, Middle Initial) Dr. Eugene Michael Wolf, , MD	. =	Date of Receipt		
Mailing Address 3000 California St 3 City	rd FI State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
San Francisco	CA 94115-2411	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Sportsmed Orthopaedic Gro- up, Inc Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Robert E Mitchell, , MD Mailing Address 695 Hill Country Dr	Ste B	Date of Receipt		
	<u> </u>			
City	State Zip Code	Transaction ID: 31215035		
Kerrville	TX 78028-6074	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Michael J Bercik, , MD		Date of Receipt		
Mailing Address 711 Westminster Av	/e	01 21 2010		
City	State Zip Code	Transaction ID: 31215036		
<u>Elizabeth</u>	NJ 07208-2210	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	1750.00		
TOTAL This Period (last page this line numb	·			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 371 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Associa	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Pat D Do, , MD			Date of Receipt
Mailing Address 8300 Steeplechase St			0 1 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: 31215037
Wichita	KS	67206-4423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mid America Orthopedics	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel J Martin, Jr, MD			Date of Receipt
Mailing Address 621 S New Ballas Rd S	Ste 5015B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31215038
Saint Louis	MO	63141-8270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. George W Brindley, , MD			Date of Receipt
Mailing Address Dept of Orthopaedic St 3601 4th St	urgery		01 21 7 2010
City	State	Zip Code	Transaction ID: 31215044
Lubbock	TX	79430-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Texas Tech Health Sciences Center	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associ	ation of Orthopaedic Surge	ons
. \ .	Full Name (Last, First, Middle Initial) Dr. William C Schroer, , MD			Date of Receipt
	Mailing Address 12266 Depaul Dr Ste	220		01 21 2010
	City	State	Zip Code	Transaction ID: 31215047
	Saint Louis FEC ID number of contributing federal political committee.	C	63044	Amount of Each Receipt this Period 500.00
	Name of Employer Signature Health	Occupation	n edic Surgeon	
	Receipt For: Primary General Other (specify)	 	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD Mailing Address 12319 Brock Ave			Date of Receipt
	Walling Address 12319 Block Ave			01 21 2010
	City	State	Zip Code	Transaction ID: 31215048
	Downey	CA	90242-3503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
_ :.	Full Name (Last, First, Middle Initial) Dr. Mark A Dodson, , MD			Date of Receipt
	Mailing Address 3351 Masonic Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31215049
	Alexandria FEC ID number of contributing	C	71301-3842	Amount of Each Receipt this Period 500.00
	federal political committee.			
	Name of Employer Mid-State Orthopaedics & Sports Med		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Г				3000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Clyde T Carpenter, , MD		Date of Receipt
Mailing Address 7027 Sunrise Ri		01 21 2010
City <u>Olympia</u>	State Zip Code WA 98502-9243	Transaction ID: 31215053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	542.00
Name of Employer Olympia Orthopaedic Assoc- iates Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼	542.00	
Full Name (Last, First, Middle Initial) Dr. M Bradford Henley, , MD, MBA Mailing Address 325 Ninth Ave B	ox 359798	Date of Receipt
City	State Zip Code	0 1 2 1 2 0 1 0 Transaction ID: 31215054
Seattle	WA 98104-2420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David M Witham, , MD	I	Date of Receipt
Mailing Address PO Box 73558		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31215056
Fairbanks FEC ID number of contributing federal political committee.	AK 99707-3558	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	onal)	1792.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Alan M Reznik, , MD			Date of Receipt
	Mailing Address 35 Overhill Rd			01 21 2010
	City Woodbridge	State CT	Zip Code 06525-2519	Transaction ID: 31215183 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Arthur L Valadie, III, MD Mailing Address 526 56th St			Date of Receipt
				01 21 2010
	City Holmes Beach	State FL	Zip Code 34217-1528	Transaction ID: 31215186 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	072.17 1020	500.00
	Name of Employer Coastal Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- С.	Full Name (Last, First, Middle Initial) Dr. John C Richmond, , MD			Date of Receipt
	Mailing Address 125 Parker Hill Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31215187
	Roxbury Crossing FEC ID number of contributing federal political committee.	C	02120-2847	Amount of Each Receipt this Period 500.00
	Name of Employer New England Baptist Hospi- tal	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Drew E Kiernan, , MD Mailing Address 2405 Atherholt F	doad State Zip Code	Date of Receipt M M
Lynchburg FEC ID number of contributing federal political committee.	VA 24501-2184	Amount of Each Receipt this Period 500.00
Name of Employer Central Virginia Orthopae- dics PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Louis J Mariorenzi, , MD Mailing Address 725 Reservoir Av	ve Ste 101	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31215189
Cranston	RI 02910-4450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David F Sitler, , MD	1	Date of Receipt
Mailing Address 12701 Sagecres	t Dr	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31215190
Poway FEC ID number of contributing federal political committee.	CA 92064-2600	Amount of Each Receipt this Period 250.00
Name of Employer Sharp-Rees-Stealy	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Page (anti-	onal)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Evangelos Megariotis, , MD		Date of Receipt
Mailing Address 21 Ravona St City	State Zip Code	0 1 2 1 2 0 1 0 Transaction ID: 31215191
Clifton	NJ 07012-1521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Peter W Gilmer, , MD		Date of Receipt
Mailing Address 3211 Moore's Mill Ro		01 21 7 2010
City	State Zip Code	Transaction ID: 31215192
Rougemont	NC 27572-7539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Triangle Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kevin Coupe, , MD		Date of Receipt
Mailing Address 10333 Kuykendahl S		0 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31215193
The Woodlands	TX 77382-2878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fondren Ortho Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line numb	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 371 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Dr. Thomas P Obade, Jr, MD Mailing Address 414 Tatum St			Date of Receipt
				01 21 2010
	City Woodbury	State NJ	Zip Code 08096-3499	Transaction ID: 31215195 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 3433	1000.00
	Name of Employer Advanced Orthopaedic Cent- er	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Neal J Labana, , MD Mailing Address 22821 Sun River Dr			Date of Receipt
				01 21 2010
	City Frankfort	State IL	Zip Code 60423-7834	Transaction ID: 31215196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	004207004	1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Melburn K Huebner, , MD			Date of Receipt
	Mailing Address 1901 Medi Park Dr S	te 10		0 1 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 31215197
	Amarillo FEC ID number of contributing federal political committee.	C	79106-2105	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	_, -	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
-	FOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce J Sangeorzan, , MD			Date of Receipt
	Mailing Address Dept of Ortho 325 Ninth Ave Box 359	798		01 21 2010
	City	State	Zip Code	Transaction ID: 31215198
	Seattle	WA	98104-2420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Washington	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Richard J Stewart			Date of Receipt
	Mailing Address 1202 Barclay Circle			01 21 2010
	City	State	Zip Code	Transaction ID: 31215521
	<u>Barrington</u>	IL	60010-5263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Academy of Ortho- paedic Surgeo	Occupation Chief Fire	n nancial Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
C.	Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD			Date of Receipt
	Mailing Address 198 Zorzal Street Montehiedra			01
	City	State	Zip Code	Transaction ID: 31215523
	San Juan	PR	00926-7110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	, ' 	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00
	TOTAL This Period (last page this line number	only)	······································	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
2	Full Name (Last, First, Middle Initial)	TICATI ASSUC	nation of Orthopaedic Surger	UIIS
۵.	Dr. Jack McCarthy, , MD Mailing Address 17030 Lakeside Hills F	Plz Ste 200		Date of Receipt 0 1 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 31215524
	Omaha FEC ID number of contributing federal political committee.	C	68130-2396	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Joseph W Clark, MD	l		Date of Receipt
	Mailing Address The Orthopaedic Cent 927 Franklin St SE Ste			01 / 21 / 2010
	City Huntsville	State A L	Zip Code 35801-4305	Transaction ID: 31215525 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	1000.00
	Name of Employer TOC	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
- >.	Full Name (Last, First, Middle Initial) Ramesh Gidumal, , MD			Date of Receipt
	Mailing Address 530-1st Ave Ste 5D			01 21 2010
	City New York	State NY	Zip Code	Transaction ID: 31215526
	FEC ID number of contributing federal political committee.	C	10016	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
-	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. Robert Thomas Fisher, , MD		Date of Receipt			
Mailing Address 52 Thomas Johnso		01 21 7 2010			
City Fraderick	State Zip Code	Transaction ID: 31215528			
Frederick	MD 21702-4501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. David Cautilli, , MD		Date of Receipt			
Mailing Address C115 Floral Vale B	Mailing Address C115 Floral Vale Blvd Ste C				
City	State Zip Code	Transaction ID: 31215529			
Yardley	PA 19067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Cautilli Orthopaedic Surg- ical Speciali	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) Dr. Russell Austin Flint, , MD		Date of Receipt			
Mailing Address 78 Broad St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 31215530			
Spruce Pine	NC 28777-8937	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Blue Ridge Regional Hospi- tal	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional	I (le	2000.00			
	bber only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Thomas S Gorsche, , MD		Date of Receipt
Mailing Address 164 W Dale St		01 21 2010
City	State Zip Code	Transaction ID: 31215532
Waterloo	IA 50703-1925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CVMS	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R Kuhlman, , MD		Date of Receipt
Mailing Address 650 Signal Hill Dr E	xt	0 1
City	State Zip Code	Transaction ID: 31215535
Statesville 5.7.0 Market 1997	NC 28625-4353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Piedmont Healthcare, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD		Date of Receipt
Mailing Address 7447 W Talcott Ave	Ste 500	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y D D D / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31215536
Chicago	IL 60631-3716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northwest Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1250.00
	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	Ly not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Matthew J Kirsch, , MD			Date of Receipt
Mailing Address 801 36th St NW			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 31215538
Austin	MN	55912-6662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Austin Medical Center	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 13	250.00	
Full Name (Last, First, Middle Initial) Dr. James A Shapiro, , MD			Date of Receipt
Mailing Address 6308 8th Ave Ste 1020)		0 1 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: 31216471
Kenosha	WI	53143-5031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00
Name of Employer UHSI	Occupation	n edic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD			Date of Receipt
Mailing Address 425 E 63rd St W2d			01 20 2010
City	State	Zip Code	Transaction ID: 31216474
New York	NY	10065-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer City Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person and address of any political committee to erican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul K Peartree, , MD Mailing Address 30 Hagen Dr Ste 220 City Rochester FEC ID number of contributing federal political committee. Name of Employer Greater Rochester Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code NY 14625-2658 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M C 20 2010 Transaction ID: 31216476 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Michael Vener, , MD Mailing Address 401 9th St NW City Watertown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code SD 57201-2142 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 2 0 1 0 Transaction ID: 31216477 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. George W Westin, Jr, MD Mailing Address 2488 N California St City Stockton FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Med Group Receipt For: Primary General Other (specify)	State Zip Code CA 95204-5508 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committe	Statements may not be sold or used by any persename and address of any political committee erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Stephen J Burns, , MD Mailing Address 1225 E Coolspring Av City Michigan City FEC ID number of contributing federal political committee. Name of Employer Health Partners Medical Group Receipt For: Primary General Other (specify)	Ye #2D State Zip Code IN 46360-6312 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 1 0 Transaction ID: 31216480 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Thomas Woo, , MD Mailing Address 5255 E Stop 11 Rd Si City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Orthopaedics Indianapolis Receipt For: Primary General	te 300 State Zip Code IN 46237 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M D D D Y Y Y Y Y Y O 1 2 0 2 0 1 0 Transaction ID: 31216482 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Donald Mark Arms, , MD Mailing Address 207 Oak Park City Mc Minnville FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TN 37110-1336 C	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John J McGraw, , MD			Date of Receipt
	Mailing Address The Knoxville Ortho C 120 Hospital Dr Ste 12			01 20 2010
	City	State	Zip Code	Transaction ID: 31216485
	Jefferson City	TN	37760-5285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Knoxville Orthopaedic Cli- nic	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) William F Tucker, Jr, MD	1		Date of Receipt
	Mailing Address 8210 Walnut Hill Ln S	te 404		01 20 2010
	City	State	Zip Code	Transaction ID: 31216486
	<u>Dallas</u>	TX	75231-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Christopher S Proctor, , MD	1		Date of Receipt
	Mailing Address 511 Bath St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31216504
	Santa Barbara	CA	93101-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alta Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD			Date of Receipt
Mailing Address 74 B Centennial Loc	•		01 20 7 2010
City	State	Zip Code	Transaction ID: 31216505
Eugene	OR	97401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	riggregate	500.00	
Full Name (Last, First, Middle Initial) Dr. Karl E Rathjen, , MD			Date of Receipt
Mailing Address Dept of Orthpaedics 2222 Welborn St	3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31216507
<u>Dallas</u>	TX	75219-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Texas Scottish Rite Hospi- tal	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. B Hudson Berrey, Jr, MD			Date of Receipt
Mailing Address 655 W 8th St ACC 2nd FI-Ortho	Bldg		01 20 7 2010
City	State	Zip Code	Transaction ID: 31216508
<u>Jacksonville</u>	FL	32209-6511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of Florida	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	1		1750.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 371 (check only one) X
o V	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Laurette A Chang, , MD Mailing Address Orthopaedic Surgery S	Service		Date of Receipt
	5001 N Piedras St City	State	Zip Code	01 20 2010
	El Paso	TX	79930-4210	Transaction ID: 31216509 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70000 4210	250.00
	Name of Employer VA Health Care Clinic	Occupatio Orthopae	n edic Surgeon	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Brett B Greenky, , MD Mailing Address 4115 N Medical Cente	r Dr		Date of Receipt
	Walling Address 4115 N Wedical Certie	וטו		01 20 2010
	City	State	Zip Code	Transaction ID: 31216511
	<u>Fayetteville</u>	NY	13066-6636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		548.00
	Name of Employer Syracuse Orthopedic Speci- alists	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 548.00]
_ >.	Full Name (Last, First, Middle Initial) Dr. C Perry Cooke, Ill, MD	1		Date of Receipt
	Mailing Address 6797 Knollwood Rd			01 20 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 31216512
	<u>Fayetteville</u>	NY	13066-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Syracuse Orthopaedic Spec- ialists, PC	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)	1		1348.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 79 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association o	of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Steven Douglas K Ross, , MD			Date of Receipt
Mailing Address Dept of Orthopaedic 101 City Dr So, PAV			01 20 2010
City		Code	Transaction ID: 31216513
Orange	CA 92	868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Regents of UC	Occupation Orthopaedic Su	rgeon	
Receipt For:	Aggregate Year-to	-Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. John R Schwappach, , MD			Date of Receipt
Mailing Address 330 Forest St			01 20 7 2010
City	•	Code	Transaction ID: 31216514
Denver	CO 80	220-5753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Colorado Orthopedic Consu- ltants, P.C.	Occupation Orthopaedic Su	rgeon	
Receipt For:	Aggregate Year-to	-Date V	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Edward C Littlejohn, , MD			Date of Receipt
Mailing Address 14911 National Ave			01 20 7 2010
City	·	Code	Transaction ID: 31216515
Los Gatos	CA 95	032-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic Su	<u> </u>	
Receipt For: Primary General	Aggregate Year-to	-Date ▼	,
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb		<u> </u>	

	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
	• • •			Concil Continuations from Cach Committee:
		erican Associa	tion of Orthopaedic Surged	ons
-	Full Name (Last, First, Middle Initial) Dr. David B Thordarson, , MD			Date of Receipt
-	Mailing Address 1520 San Pablo St Ste		7in Code	01 20 2010
	City Los Angeles	State CA	Zip Code 90033-5322	Transaction ID: 31216516 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	30000 0022	250.00
1	Name of Employer JSC Ortho Associates	Occupation Orthopaed	lic Surgeon	
Ī	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jonathan P Keeve, , MD			Date of Receipt
_	Mailing Address Northwest Ortho Spec E 12410 Sinto Ste 201			01 20 7 2010
	Dity	State	Zip Code	Transaction ID: 31216517
- F	Spokane Valley FEC ID number of contributing ederal political committee.	C	99216-2280	Amount of Each Receipt this Period 250.00
	Name of Employer Northwest Orthopedic Spec- alists	Occupation Orthopaed	lic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Craig Robert Mahoney, , MD			Date of Receipt
1	Mailing Address 2004 S 40th Ct			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Dity	State	Zip Code	Transaction ID: 31216518
_	West Des Moines	<u>IA</u>	50265-5764	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer owa Ortho Center	, ' 	lic Surgeon	
ſ	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Clay M Wertheimer, , MD		Date of Receipt
Mailing Address 1100 Pacific Ave Ste		01 20 2010
City Everett	State Zip Code WA 98201-4261	Transaction ID: 31216520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Mark W Woolf, , MD		Date of Receipt
Mailing Address 800 Orthopedic Way		01 25 7 2010
City	State Zip Code	Transaction ID: 31224881
Arlington	TX 76015-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Arlington Orthopedic Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John S Kirkpatrick, , MD		Date of Receipt
Mailing Address Dept of Orthopaedics 655 W Eighth St C-12	26	01 25 7 2010
City	State Zip Code	Transaction ID: 31224883
Jacksonville FEC ID number of contributing federal political committee.	FL 32209-6511	Amount of Each Receipt this Period 1000.00
Name of Employer University of Florida	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional) .		3500.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John Quentin Smith, , MD Mailing Address 3235 S Westbury F City Eagle FEC ID number of contributing federal political committee. Name of Employer West Idaho Orthopaedics	State Zip Code ID 83616-6776 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 5 2 0 1 0 Transaction ID: 31224884 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark N Halikis, , MD Mailing Address 280 S Main St Ste 2 City	200 State Zip Code	Date of Receipt O 1
Orange FEC ID number of contributing federal political committee.	CA 92868-3852	Transaction ID: 31224885 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Avinash G Kumar, , MD Mailing Address 6015 Pointe West E	Blvd	Date of Receipt 0 1 2 5 2 0 1 0
City Bradenton FEC ID number of contributing	State Zip Code FL 34209-5532 C	Transaction ID: 31224886 Amount of Each Receipt this Period 1000.00
Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (options	ıl)	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ 4.	Full Name (Last, First, Middle Initial) Dr. David P Mesna, , MD		idion of Chilopaddio Cangot	Date of Receipt
	Mailing Address 3704 Camino Codorni.		7in Ondo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Calabasas	State CA	Zip Code 91302-3043	Transaction ID: 31224887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31302-3043	300.00
	Name of Employer Kaiser Permanente	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Champ L Baker, Jr, MD Mailing Address 6262 Veterans Pkwy	l		Date of Receipt
	Cit.	04-4-	7ia Oada	01 25 2010
	City Columbus	State GA	Zip Code 31909-3540	Transaction ID: 31224888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01303 3340	500.00
	Name of Employer Hughston Orthopaedic Clin- ic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) Dr. Robert Clio Robertson, , MD			Date of Receipt
	Mailing Address 6585 S Yale Ste 200			0 1 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 31224895
	Tulsa	OK	74136-8315	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central States Orthopaedi- cs		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional))	1300.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summa	ry of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and address of any politica	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter C Amadio, , MD Mailing Address 200 1st St S W		Date of Receipt
City Rochester FEC ID number of contributing	State Zip Code MN 55905-0001	Transaction ID: 31224896 Amount of Each Receipt this Period
Name of Employer Mayo Clinic Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph R Locker, , MD		Date of Receipt
Mailing Address 1805 SE 16th Ave 3 City Ocala	State 1002 State Zip Code FL 34471-4601	Transaction ID: 31224897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. Patricia C McKeever, , MD Mailing Address 139 S Plymouth Blv	rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Los Angeles FEC ID number of contributing	State Zip Code CA 90004-3835	Transaction ID: 31224898 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
SUBTOTAL of Receipts This Page (optional	l)	1750.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (Ir	n Full)	y not be sold or used by any persondress of any political committee to ciation of Orthopaedic Surgeon	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Dr. Thomas G Padanilam, , M Mailing Address 528 For City Holland FEC ID number of contribut federal political committee. Name of Employer Toledo Orthopaedic Surgeons Receipt For: Primary Gen Other (specify)	est Lake Dr State OH Occupation Orthopa Aggregate	Zip Code 43528-9028 on edic Surgeon e Year-to-Date ▼ 600.00	Date of Receipt M M M
Full Name (Last, First, Midd Dr. Christopher S Mow, , MD Mailing Address 1660 Sa City Pinole FEC ID number of contribut	an Pablo Ave Ste A State CA	Zip Code 94564-2072	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 2 5 2 0 1 0 Transaction ID: 31224900 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Gen	Aggregate	on edic Surgeon e Year-to-Date ▼	250.00
Full Name (Last, First, Midd Dr. Danielle Katz, , MD Mailing Address 6620 Fly City East Syracuse FEC ID number of contribut federal political committee.	y Rd State NY	Zip Code 13057-9717	Date of Receipt M M M
Name of Employer SUNY Upstate Receipt For: Primary Gen Other (specify) ▼	Aggregate	edic Surgeons e Year-to-Date 500.00	
SUBTOTAL of Receipts This	Page (optional))	1350.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 371 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to e American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Terrence J Endres, , MD Mailing Address 1655 Flowers Mi		Date of Receipt
City Grand Rapids	State Zip Code MI 49525-9694	Transaction ID: 31224902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Orthopaedic Associates of Michigan Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. J Wills Oglesby, , MD Mailing Address 301 21st Ave N	<u>'</u>	Date of Receipt 0 1 2 5 2 0 1 0
City	State Zip Code	Transaction ID: 31224903
<u>Nashville</u>	TN 37203-1821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tennessee Orthopaedic All- iance	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W Cook, , MD	'	Date of Receipt
Mailing Address 3310 Aspen Gro	ve Dr Ste 102	01 25 2010
City	State Zip Code	Transaction ID: 31224904
Franklin FEC ID number of contributing federal political committee.	TN 37067-2841	Amount of Each Receipt this Period 250.00
Name of Employer Franklin Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descripto This Dega (ant	onal)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code MI 49684-8965 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 5 2 0 1 0 Transaction ID: 31224905 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Craig J Della Valle, , MD Mailing Address 1611 W Harrison Si City Chicago FEC ID number of contributing federal political committee. Name of Employer	t # 300 State Zip Code IL 60612-4861 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Midwest Orthopaedics at Rush Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Dr. Louis A DiGiovanni, , MD Mailing Address Hudson Valley Orth 23 Fish & Game Rd City Hudson FEC ID number of contributing federal political committee. Name of Employer Columbia Memorial Hospital		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31224916 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 371 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ame Full Name (Last, First, Middle Initial)	encan Assoc	nation of Orthopaedic Surgeo	ons
A.	Dr. Robert Hall, , MD Mailing Address 3801 Lake Otis Pkwy	Ste 300		Date of Receipt 0 1 2 6 2 0 1 0
	City Anchorage	State AK	Zip Code 99508-5234	Transaction ID: 31227568 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed Receipt For: Primary General	. '	edic Surgeon e Year-to-Date ▼	1
В.	Full Name (Last, First, Middle Initial) Dr. Nick M DiGiovine, , MD Mailing Address 435 S Crystal St Ste 4	00		Date of Receipt
	City	State	Zip Code	0 1 2 6 2 0 1 0 Transaction ID: 31227569
	Butte	MT	59701-1506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Montana Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Michael Lloyd Parks, , MD			Date of Receipt
	Mailing Address 535 E 70th St			01 26 2010
	City	State	Zip Code	Transaction ID: 31227570
	New York FEC ID number of contributing federal political committee.	C	10021-4823	Amount of Each Receipt this Period 500.00
	Name of Employer Hospital for Special Surg- ery Receipt For:	, '	edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only))	

City Anchorage AK Anchorage Anchorage AK Anchorage Anc		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Dr. Robert E Gleringer, MD Malling Address 2751 Debarr Rd Ste B320 City State Zip Code Anchorage AK 99598-8805 FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Introduction Orthopaedic Surgeon Name of Employer Occupation Orthopaedic Surgeon Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Introduction Orthopaedic Surgeon Date of Receipt Transaction ID: 31227572 Amount of Each Receipt this Period Date of Receipt Transaction ID: 31227572 Date of Receipt Transaction ID: 31227572 Amount of Each Receipt Transaction ID: 31227574 Amount of Each Receipt This Period City State Zip Code Primary General Other (specify) ▼ Date of Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Amount of Each Receipt This Period Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Amount of Each Receipt This Period Transaction ID: 31227574 Transa	7	NAME OF COMMITTEE (In Full)			
City Anchorage AK 99508-6805 FEC ID number of contributing federal political committee. Name of Employer Self-Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼	∠ 4 .	Dr. Robert E Gieringer, , MD	320		M M / D D / Y Y Y Y
Same of Employer Coccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼		-		·	Transaction ID: 31227571
Receipt For: Primary			C		1000.00
Date of Receipt Date of Receipt Date of Receipt		Receipt For: Primary General	Orthopa	edic Surgeon e Year-to-Date ▼ 1000.00	
City State Zip Code NJ 08540-1617 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Name of Employer Protomac Valley Orthopaedic Associates C State Zip Code 1000.00 C 1000.00 Transaction ID: 31227572 Amount of Each Receipt this Period 1000.00 Docupation Orthopaedic Surgeon 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt this Period 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt this Period 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date 1000.00 Aggregate Year-to-Date 1000.00 Aggregate Year-to-Date 1000.00 Aggregate Year-to-Date 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date 1000.00 Aggregate Year-to-Date 1000.00 Aggregate Year-to-Date 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 31227574 Amount of Each Receipt 1000.00 Date of Receipt 1000.00 Date of Receipt 1000.00 Amount of Each Receipt 100	3.	Dr. Harvey E Smires, Jr, MD			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Princeton Ortho Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Charles Francis Mess, Jr, MD Mailing Address 12470 Petrillo Dr City State Zip Code MD 20777-9567 FEC ID number of contributing federal political committee. Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼		City	State	Zip Code	
Receipt For: Primary General		FEC ID number of contributing		08540-1617	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Charles Francis Mess, Jr, MD Mailing Address 12470 Petrillo Dr City Highland MD 20777-9567 FEC ID number of contributing federal political committee. Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary Other (specify) ▼ Date of Receipt Transaction ID: 31227574 Amount of Each Receipt this Period C 250.00		-			
Date of Receipt Mailing Address 12470 Petrillo Dr City Highland FEC ID number of contributing federal political committee. Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M		Primary General	Aggregate		
City Highland State Zip Code MD 20777-9567 Amount of Each Receipt this Period C Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary Other (specify) ▼ State Zip Code MD 20777-9567 Amount of Each Receipt this Period C 250.00 Aggregate Year-to-Date Transaction ID: 31227574 Amount of Each Receipt this Period 250.00	-).	Dr. Charles Francis Mess, Jr, MD	1		M M / D D / Y Y Y Y
Highland FEC ID number of contributing federal political committee. Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00 250.00		City	State	Zip Code	
Name of Employer Potomac Valley Orthopaedic Associates Receipt For: Primary Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00		Highland	MD	20777-9567	
Associates Receipt For: Primary Other (specify) Other (speci			C		250.00
Primary General Other (specify) ▼ 250.00		Associates	Orthopa	edic Surgeon	
0050.00		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Alfred Ainsley Durham, , MD Mailing Address 2954 Lockridge Rd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Lewis Gale Physicians Receipt For: Primary General	State Zip Code VA 24014-4209 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 6
Full Name (Last, First, Middle Initial) Dr. James C Vailas, , MD Mailing Address Orthopaedic Center 35 Kosciuszko St City Manchester FEC ID number of contributing federal political committee. Name of Employer The Orthopaedic Center	State Zip Code NH 03101-1608 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Daniel J McGuire, , MD Mailing Address 1300 Des Moines S City Des Moines FEC ID number of contributing	Aggregate Year-to-Date 1000.00 te 104 State Zip Code IA 50309-5547	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	1800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 371 (check only one) X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Richard F McKay, , MD			Date of Receipt
	Mailing Address 8 Medical Dr	01-1-	7'. 0.4.	01 26 2010
	City Amarillo	State TX	Zip Code 79106-4168	Transaction ID: 31227583 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Nicholas M Halikis, , MD	-1 04- 000		Date of Receipt
	Mailing Address 23456 Hawthorne Blvd Ste 300			01 26 7 2010
	City Torrance	State CA	Zip Code	Transaction ID: 31227584
	FEC ID number of contributing federal political committee.	C	90505-4716	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) Dr. Albert F Haas, , MD			Date of Receipt
	Mailing Address 6144 Airport Blvd			01 26 2010
	City Mobile	State AL	Zip Code 36608-3143	Transaction ID: 31227585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30000 3140	500.00
	Name of Employer Orthopaedics and Sports Med of Mobile		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1500.00

Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	Statements may not be sold or used by he name and address of any political cor	any person for the purpose of soliciting contributions
/ Political Action Committee of the Al	nerican Association of Orthopaedio	
Full Name (Last, First, Middle Initial) Dr. Alan S Routman, , MD Mailing Address 5601 N Dixie Hwy S	to 210	Date of Receipt
City Oakland Park	State Zip Code FL 33334-4145	0 1 2 6 2 0 1 0 Transaction ID: 31227586
FEC ID number of contributing federal political committee.	C 33334-4143	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Frederick T Lohr, , MD Mailing Address 100 Brown St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31227587
Chestertown FEC ID number of contributing federal political committee.	MD 21620-1435	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Norman B Livermore, III, MD Mailing Address 120 La Casa Via St	206	Date of Receipt
City	State Zip Code	0 1 2 6 2 0 1 0 Transaction ID: 31227588
Walnut Creek FEC ID number of contributing federal political committee.	CA 94598-3007	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 371 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amel	tatements may not be sold or used by any personame and address of any political committee to rican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen T Ikard, , MD Mailing Address PO Box 2447 City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer University Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code AL 35403-2447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 6 2 0 1 0 Transaction ID: 31227590 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. H Chester Boston, Jr, MD Mailing Address 305 Bryant Dr East PO Box 2447 City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer University Orthopaedic Cl-inic PC Receipt For: Primary General Other (specify)	State Zip Code AL 35403-2447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 6 2 0 1 0 Transaction ID: 31227591 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Robert S Heidt, Jr, MD Mailing Address 7575 Five Mile Rd City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Wellington Orthopaedic & Sports Medici Receipt For: Primary General Other (specify)	State Zip Code OH 45230-4346 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 6 2 0 1 0 Transaction ID: 31227592 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 371 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements magne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surged	ons
	Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD			Date of Receipt
	Mailing Address 101 E Minnesota St S	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: 31227593
	Rapid City	SD	57701-7758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Stephen G Silver, , MD			Date of Receipt
	Mailing Address 113 Anderson Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31227594
	Demarest	NJ	07627-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. George F Chimento, , MD			Date of Receipt
	Mailing Address 2405 Chester St			01 26 2010
	City	State	Zip Code	Transaction ID: 31227595
	<u>Metairie</u>	LA	70001-3029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Ochsner Medical Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г				1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Felipe Fontanez Sullivan		Date of Receipt
Mailing Address Bayamon Medica 1845 Can #2 Ste		01 26 2010
City Bayamon	State Zip Code PR 00959-7206	Transaction ID: 31227596
FEC ID number of contributing federal political committee.	C 00939-7200	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas P Vasileff, , MD Mailing Address 3260 Providence	Dr Ste 200	Date of Receipt
City	State Zip Code	0 1 2 6 2 0 1 0 Transaction ID: 31227597
Anchorage	AK 99508-4603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anchorage Fracture & Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John T Rich, , MD	l	Date of Receipt
Mailing Address 334 Main St		01 26 2010
City	State Zip Code	Transaction ID: 31227601
Dickson City FEC ID number of contributing federal political committee.	PA 18519-1668	Amount of Each Receipt this Period 500.00
Name of Employer Scranton Orthopaedic Spec- ialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	1250.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 371 (check only one) X
NAME OF	on copied from such Reports and Stroial purposes, other than using the COMMITTEE (In Full) Action Committee of the Amer			on for the purpose of soliciting contributions solicit contributions from such committee.
City Gallatin FEC ID nu federal pol Name of E Grutter Of Receipt Fo	umber of contributing litical committee.	<u> </u>	Zip Code 37066-4494 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Jeffrey Mailing Ac City Mc Lean FEC ID nu federal pol Name of E Self Empl Receipt Fo	umber of contributing litical committee. Employer oyed		Zip Code 22101-1550 n edic Surgeon e Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mailing Ac City Miami FEC ID nu federal pol Name of E University ol of Medi Receipt Fc	PO Box 016960 (D-27) umber of contributing litical committee. Employer of Miami Schocin or:		Zip Code 33101-6960 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL	of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 371 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kimberly Lee Furry, , MD Mailing Address One Mercado St S	te 202		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>Durango</u> FEC ID number of contributing federal political committee.	State CO	Zip Code 81301-7307	Transaction ID: 31228933 Amount of Each Receipt this Period 1000.00
Name of Employer Durango Orthopaedic Associates Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David D Bullek, , MD Mailing Address 202 Elmer St	I		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31228935
Westfield	NJ	07090-2128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Summit Medical Group	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Henry G Chambers, , MD	I		Date of Receipt
Mailing Address 3030 Children's W	ay Ste 410		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 31228937
San Diego FEC ID number of contributing federal political committee.	CA	92123-4228	Amount of Each Receipt this Period 500.00
Name of Employer University of California	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 371 (check only one) X		
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to e American Association of Orthopaedic Surgeo			
Full Name (Last, First, Middle Initial) Dr. Robert J Bercik, , MD Mailing Address 1445 Raritan Ro City Clark FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NJ 07066-1230 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Anthony R Marino, , MD Mailing Address 12 Misty Ln		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Londonderry FEC ID number of contributing federal political committee.	State Zip Code NH 03053-2675 C	Amount of Each Receipt this Period 250.00		
Name of Employer Orthopaedic Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) Dr. Joseph F Curtis, Jr, MD Mailing Address PO Box 250450	,			
City Montgomery FEC ID number of contributing federal political committee.	State Zip Code AL 36125-0450	Transaction ID: 31228940 Amount of Each Receipt this Period 1000.00		
Name of Employer Southern Orthopaedic Surg- eons	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (opt	ional)	1500.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons				
∠ A .	Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD			Date of Receipt		
	Mailing Address 410 Saybrook Rd Ste	01 27 2010				
	City	State	Zip Code	Transaction ID: 31228942		
	Middletown FEC ID number of contributing federal political committee.	CT	06457-4780	Amount of Each Receipt this Period 250.00		
	Name of Employer MOS, PC	Occupation				
		 	edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
— В.	Full Name (Last, First, Middle Initial) Dr. Gerald C Shute, , MD	Date of Receipt				
	Mailing Address 1547 SE Ballantrae C	01 27 2010				
	City	State	Zip Code	Transaction ID: 31228944		
	Port Saint Lucie	<u>FL</u>	34952-6041	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			400.00		
	Name of Employer Coastal Orthopaedics	Occupation Orthopa	on edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		400.00			
_ С.	Full Name (Last, First, Middle Initial) Dr. John W Gainor, , MD			Date of Receipt		
	Mailing Address PO Box 1200			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 31228946		
	Santa Barbara	CA	93102-1200	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Santa Barbara Medical Cli- nic	- '	edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1150.00		
	TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 3 / 1 (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. Jay David Pond, , MD			Date of Receipt			
	Mailing Address 800 Orthopedic Way					
City	State	Zip Code	0 1 2 7 2 0 1 0 Transaction ID: 31228947			
Arlington FEC ID number of contributing federal political committee.	C	76015-1629	Amount of Each Receipt this Period 500.00			
Name of Employer Arlington Orthopedic Associates Receipt For: Primary General	 · _ · _ · _ 	n edic Surgeon e Year-to-Date ▼	1			
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James O Maher, III, MD Mailing Address O Dudley Ct Cts 200			Date of Receipt			
Mailing Address 2 Dudley St Ste 200			01 27 2010			
City Providence	State RI	Zip Code 02905-3248	Transaction ID: 31229290 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	02500 02-10	250.00			
Name of Employer University Orthopaedics	Occupatio Orthopae	n edic Surgeon				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Kevin L Tadych, , MD	<u> </u>		Date of Receipt			
Mailing Address 7520 Hwy 51 S Ste	A		01 27 2010			
City	State WI	Zip Code	Transaction ID: 31229291			
Minocqua FEC ID number of contributing federal political committee.	C	54548-8944	Amount of Each Receipt this Period 1000.00			
Name of Employer Northern Wisconsin Bone & Joint Center Receipt For:	- , ' 	n edic Surgeon e Year-to-Date ▼				
Primary General Other (specify) ▼	99.3944	1000.00				
SUBTOTAL of Receipts This Page (optional))		1750.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Joshua J Jacobs, , MD			Date of Receipt
	Mailing Address 1725 W Harrison St S	01 27 2010		
	City	State	Zip Code	Transaction ID: 31229292
	Chicago	IL	60612-3835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Rick W Wright, , MD	Date of Receipt		
	Mailing Address Ste 11300 West Pavili One Barnes Jewish Ho	01 27 2010		
	City	State	Zip Code	Transaction ID: 31229293
	Saint Louis	MO	63110-1003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Washington University Sch- ool of Medici	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
 c.	Full Name (Last, First, Middle Initial) Dr. Joseph Assenmacher, , MD			Date of Receipt
	Mailing Address 7024 White Tail Ct	01 27 2010		
	City	State	Zip Code	Transaction ID: 31229295
	Toledo	OH	43617-1391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Promedica Physician Group	Occupation Orthopa	on edic Surgeon	
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William D Allen, , MD Mailing Address 2854 Bell St City Zanesville FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of Zanesville Receipt For: Primary General Other (specify)	State Zip Code OH 43701-1721 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31229297 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. John J Callaghan, , MD Mailing Address Dept Of Orthopaedics 200 Hawkins Dr / 010 City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Hospital and Clinic Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31229298 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Dr. David C Markel, , MD Mailing Address 22250 Providence Dr City Southfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Ste 401 State Zip Code MI 48075-6212 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31229300 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		6250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 371 (check only one) X
A oı	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
۱.	Full Name (Last, First, Middle Initial) Dr. Richard P Driessnack, , MD	1000		Date of Receipt
	Mailing Address MCE South Tower State 1215 21st Ave South	e 4200		01 27 2010
	City	State	Zip Code	Transaction ID: 31229301
	Nashville	TN	37232-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Vanderbilt University	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr. James J Purtill, , MD	Date of Receipt		
	Mailing Address 925 Chestnut St 5th F	=I 		01 27 2010
	City	State	Zip Code	Transaction ID: 31229303
	<u>Philadelphia</u>	<u>PA</u>	19107-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Rothman Institute	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Allen Sanders Kent, , MD			Date of Receipt
	Mailing Address 800 12th Ave Ste 200	01 27 2010		
	City	State	Zip Code	Transaction ID: 31229304
	Fort Worth	TX	76104-2519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional) .	I		2300.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any person ng the name and address of any political committee to a American Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul A Manner, , MD Mailing Address Box 356500 1959 NE Pacific S City Seattle	State Zip Code WA 98195-6500	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer University of Washington	Occupation Outhors and in Community	500.00
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mark G Murphy, , MD Mailing Address 111 S 5th		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Douglas FEC ID number of contributing federal political committee.	State Zip Code WY 82633-2434 C	Transaction ID: 31229306 Amount of Each Receipt this Period 250.00
Name of Employer Thunder Basin Orthopaedics & SportsMed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randeep S Kahlon, , MD Mailing Address 4745 Ogletown-S	tanton Rd Ste 225	Date of Receipt
City Newark FEC ID number of contributing	State Zip Code DE 19713-1340	Transaction ID: 31229307 Amount of Each Receipt this Period
federal political committee. Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 371 (check only one) X		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.		
Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Mahmood Jay Jazayeri, , MD Mailing Address 2690 Pacific Ave Si					
City	State CA	Zip Code	0 1 2 7 2 0 1 0 Transaction ID: 31230410		
Long Beach FEC ID number of contributing federal political committee.	C	90806-2660	Amount of Each Receipt this Period 500.00		
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD			Date of Receipt		
Mailing Address 2120 N MacArthur	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City	State	Zip Code	Transaction ID: 31230411		
Irving	TX	75061-2260	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Thomas Atkins, , MD	•		Date of Receipt		
Mailing Address 5N105 Burr Rd			01 27 7 2010		
City <u>Saint Charles</u>	State IL	Zip Code 60175-6106	Transaction ID: 31230412		
FEC ID number of contributing federal political committee.	C	00173-0100	Amount of Each Receipt this Period 250.00		
Name of Employer Fox Valley Orthopaedic In- stitute		edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
	1		1750.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Kirk Kindsfater, , MD		Date of Receipt
Mailing Address 1713 Brentford Ln City	State Zip Code	0 1 2 7 2 0 1 0 Transaction ID: 31230413
Fort Collins	CO 80525-4704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ward P Hamlet, , MD		Date of Receipt
Mailing Address 5050 N Clinton		01 27 2010
City	State Zip Code	Transaction ID: 31230414
Fort Wayne	IN 46825-5886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Michael Meneghini, , MD		Date of Receipt
Mailing Address 263 Farmington Ave	MARB 4th FI	01 27 2010
City	State Zip Code	Transaction ID: 31230415
<u>Farmington</u>	CT 06034-4037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Connecticut	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 371 (check only one) X 11a	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame				
Full Name (Last, First, Middle Initial) Dr. Kevin J McGuire, , MD Mailing Address Beth Israel Deacones: 330 Brookline Ave CC City Boston FEC ID number of contributing federal political committee.		Zip Code 02215-5400	Date of Receipt M M M	
Name of Employer Beth Israel Deaconess Medical Center Receipt For: Primary General Other (specify) ▼	- '	n edic Surgeon e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Shannon E Cooke, , MD Mailing Address 1749 Pine St	Dr. Shannon E Cooke, , MD			
City	State	Zip Code	Transaction ID: 31230418	
Abilene	TX	79601-3043	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer Self Employed	Occupation	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. William Bugbee, , MD			Date of Receipt	
Mailing Address Scripps Clinic Torrey 10666 N Torrey Pines	Rd MS116		01 27 2010	
City <u>La</u> Jolla	State CA	Zip Code 92037-1027	Transaction ID: 31230419 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	32007 1027	250.00	
Name of Employer Scripps Clinic	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional) .			1500.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 371 (check only one) X 11a		
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C Durkin, , MD	Dr. Robert C Durkin, , MD				
	tapiciani med en iei	Mailing Address Kapiolani Med Ctr for Women & Chil 1319 Punahou St Ste 630				
	City	State	Zip Code	Transaction ID: 31230420		
	<u>Honolulu</u>	HI	96826-1044	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Hawaii Pacific Health	Occupation Orthopa	on edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Dr. Russell Cecil, , MD	Date of Receipt				
	Mailing Address 5010 St Hwy 30 Ste 20	01 27 2010				
	City	State	Zip Code	Transaction ID: 31230421		
	Amsterdam	NY	12010-7532	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
C.	Full Name (Last, First, Middle Initial) Dr. Thomas L Martin, , MD	•		Date of Receipt		
	Mailing Address 900 Buffalo Rd Frnt 1			01 27 2010		
	City	State	Zip Code	Transaction ID: 31230422		
	<u>Lewisburg</u>	PA	17837-1206	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed		edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
	SUBTOTAL of Receipts This Page (optional)			2000.00		
ļ	TOTAL This Period (last page this line number	only)	·			

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMIT	TEE (In Full)	ts may not be sold or used by any pers nd address of any political committee to ssociation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr. Paul Alan Kammer Mailing Address 11 City Oklahoma City FEC ID number of confederal political common Name of Employer McBride Clinic Inc Receipt For: Primary Other (specify)	Sta Orth Ontributing iittee. Calcala General	'	Date of Receipt O 1
Full Name (Last, Firs Dr. Gary K Frykman, , Mailing Address 3(City Redlands FEC ID number of co federal political comm Name of Employer Self Employed Receipt For: Primary Other (specify)	MD 0523 Los Altos Dr Sta CA ontributing nittee. C Occi Orth Agg	'	Date of Receipt O 1
Full Name (Last, Firs Dr. Matthew P Steffes, Mailing Address 23 City Dearborn FEC ID number of cofederal political comm Name of Employer Self Employed Receipt For: Primary Other (specify)	Sta MI Ontributing nittee. C General	'	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipt	s This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 371 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee	Statements may not be sold or used by any poet name and address of any political committee erican Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. Thomas P Gross, , MD Mailing Address 1910 Blanding St City Columbia FEC ID number of contributing federal political committee. Name of Employer Midlands Orthopedics Receipt For: Primary General Other (specify)	State Zip Code SC 29201-3520 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31230589 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. David J Yasgur, , MD Mailing Address 111 Bedford Rd City Katonah FEC ID number of contributing federal political committee. Name of Employer Mount Kisco Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10536-2115 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31230590 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Kieran Daniel Cody, , MD Mailing Address 800 W State St Ste 20 City Doylestown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PA 18901-5842 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 27 2010 Transaction ID: 31230594 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .	1	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (check only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	he name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. Surgeons
Full Name (Last, First, Middle Initial) Dr. Peter A Looby, , MD Mailing Address 810 E 23rd St		Date of Receipt
City Sioux Falls	State Zip Code SD 57105-2135	0 1
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopedic Institute, PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	0.00
Full Name (Last, First, Middle Initial) Dr. Joseph A Wieck, , MD Mailing Address 394 Harding PI Ste 2	200	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31230596
Nashville	TN 37211-3980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250	0.00
Full Name (Last, First, Middle Initial) Dr. C Thomas Hopkins, , MD	•	Date of Receipt
Mailing Address 717 S 8th St		01 27 2010
City	State Zip Code	Transaction ID: 31230598
Griffin FEC ID number of contributing federal political committee.	GA 30224-4818	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic and Sports In- jury Center Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 371 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Richard A Cautilli, Jr, MD Mailing Address Cautilli Orthopaedi 115 Floral Vale Blv	Dr. Richard A Cautilli, Jr, MD Mailing Address Cautilli Orthopaedic Surgical Spec			
City	State	Zip Code	0 1 2 7 2 0 1 0 Transaction ID: 31230599	
Yardley FEC ID number of contributing federal political committee.	PA C	19067-5522	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 1000.00		
Full Name (Last, First, Middle Initial) Dr. D Kay Kirkpatrick, , MD Mailing Address 5671 Peachtree Du				
City	State	Zip Code	0 1 2 7 2 0 1 0 Transaction ID: 31230600	
Atlanta	GA	30342-5047	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			1000.00	
Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Ronald S Lederman, , MD			Date of Receipt	
Mailing Address 3227 Woodview La	ake Rd		M M / D D / Y Y Y Y Y O D D / 27 2010	
City	State	Zip Code	Transaction ID: 31230602	
West Bloomfield FEC ID number of contributing federal political committee.	C	48323-3572	Amount of Each Receipt this Period 375.00	
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00		
SUBTOTAL of Receipts This Page (options	<u> </u>		2375.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Terry A Siller, , MD Mailing Address 6501 Memorial I City Texas City FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Clinic of Galveston Receipt For: Primary General Other (specify)	Or State Zip Code TX 77591-4015 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mark W Diehl, , MD Mailing Address 1110 Hazeltine L City Kennesaw FEC ID number of contributing federal political committee. Name of Employer Pinnacle Orthopaedics Receipt For:	State Zip Code GA 30152-4742 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James D Kelly, II, MD Mailing Address 2351 Clay St Ste City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 94115-1931 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 250.00	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 3/1 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associa	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John M Olsewski, , MD			Date of Receipt
Mailing Address 135 Bramble Brook	01 27 2010		
City Ardsley	State NY	Zip Code 10502-2206	Transaction ID: 31230608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Huntly Gordon Chapman, , MD			Date of Receipt
Mailing Address 3900 Junius St Ste 705			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31230609
Dallas FEC ID number of contributing federal political committee.	C	75246-1627	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	dic Surgeon	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alan S Hilibrand, , MD			Date of Receipt
Mailing Address 925 Chestnut St- 5	ith Fl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31230610
Philadelphia FEC ID number of contributing federal political committee.	PA C	19107-4206	Amount of Each Receipt this Period
Name of Employer Reconstruction Orthopedic Associates		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option:			2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David D Gallagher, , MD Mailing Address 6105 Horizon Dr City Columbus FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code IN 47201-1110 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 7 2 0 1 0 Transaction ID: 31230611 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Felix H Savoie, III, MD Mailing Address Dept of Ortho 1430 Tulane Ave R City New Orleans FEC ID number of contributing federal political committee. Name of Employer Tulane University Receipt For: Primary General Other (specify)	m 2070 State Zip Code LA 70112-2632 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 7 2 0 1 0 Transaction ID: 31230612 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Alexander Raskin, , MD Mailing Address 16311 Ventura Blvd City Encino FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 91436-4386 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 7 2 0 1 0 Transaction ID: 31230613 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	J	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame					
A.	Full Name (Last, First, Middle Initial) Dr. John J Callahan, Jr, MD Mailing Address 3925 Sheridan Dr Ste	Date of Receipt 0 1 2 8 2 0 1 0				
	City Ambarat	State	Zip Code	Transaction ID: 31232651		
	Amherst FEC ID number of contributing federal political committee.	C	14226-1738	Amount of Each Receipt this Period 1000.00		
	Name of Employer Excelsior Orthopaedics Receipt For: Primary General Other (specify) ▼	, ' 	edic Surgeon e Year-to-Date ▼ 1000.00			
- В.	Full Name (Last, First, Middle Initial) Dr. John M Beiner, , MD Mailing Address 2408 Whitney Ave	Date of Receipt 0 1 2 8 2 0 1 0				
	City	State	Zip Code	Transaction ID: 31232653		
	<u>Hamden</u>	СТ	06518-3209	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
-).	Full Name (Last, First, Middle Initial) Dr. Michael Q Freehill, , MD			Date of Receipt		
	Mailing Address 8100 W 78th St Ste 2	Mailing Address 8100 W 78th St Ste 225				
	City	State	Zip Code	Transaction ID: 31232655		
	Edina	MN	55439-2569	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Sports and Orthopaedic Sp- ecialists	, ' 	edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
	SUBTOTAL of Receipts This Page (optional) .			2500.00		
t	TOTAL This Period (last page this line number					

City Baltimore FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ FEC ID number of contributing federal political committee. C Name of Employer Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephanie E Siegrist, MD Mailing Address Bldg 100 Ste 105 980 Westfall Rd C City Sate NY 14618-2605 FEC ID number of contributing federal political committee. C Name of Employer Self Employed City State NY 14618-2605 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John D Bailey, MD Mailing Address Address Address Address Address Date of Receipt Transaction ID: 31232723 Amount of Each Receipt this Per Date of Receipt Transaction ID: 31232723 Amount of Each Receipt this Per Date of Receipt Transaction ID: 31232723 Amount of Each Receipt this Per Date of Receipt Transaction ID: 31232724 Amount of Each Receipt this Per Transaction ID: 31232724 Amount of Each Receipt this Per	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 371 (check only one) X
Full Name (Last, First, Middle Initial) Dr. D Allan Lanzo, MD Mailing Address 6565 N Charles St Ste 606 City State Zip Code Baltimore MD 21204-5801 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) State NY 14618-2605 Rochester NY 14618-2605 Rochester NY 14618-2605 Rochester NY 14618-2605 FULl Name (Last, First, Middle Initial) Dr. Stephanic E Siogrist, MD Name of Employer Occupation Orthopaedic Surgeon Rochester NY 14618-2605 Rochester NY 14618-2605 FULl Name (Last, First, Middle Initial) Dr. Stephanic E Siogrist, MD Aggregate Year-to-Date V Primary General Other (specify) V Date of Receipt NY 14618-2605 Transaction ID: 31232723 Amount of Each Receipt NP 1000.00 Date of Receipt NY 14618-2605 Transaction ID: 31232723 Amount of Each Receipt NP 1000.00 Transaction ID: 31232723 Amount of Each Receipt NP 1000.00 Transaction ID: 31232723 Amount of Each Receipt NP 1000.00 Transaction ID: 31232723 Amount of Each Receipt NP 1000.00 Date of Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Date of Receipt NP 1000.00 Date of Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Date of Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Transaction ID: 31232724 Amount of Each Receipt NP 1000.00 Transaction ID: 31232724 Transaction ID	r for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	o solicit contributions from such committee.		
A. Dr. D Allan Lanzo, MD Mailling Address 6565 N Charles St Ste 606 City State Zip Code Baltimore MD 21204-5801 FEC ID number of contributing tederal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ State Zip Code NY 14618-2605 Receipt For: PEC ID number of contributing tederal political committee. Date of Receipt to Port of Primary Self Employer City State Zip Code NY 14618-2605 Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other State Zip Code Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Receipt MD Receipt Receipt For: Primary General Receipt Receipt Receipt Receipt For: Primary General Receipt R	Political Action Committee of the Ameri	can Associali	on of Orthopaedic Surgeo	ons
City State Zip Code Baltimore MD 21204-5901 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code NY 14618-2605 Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Name of Employer City State Zip Code NY 14618-2605 Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Dr. Stephanic E Siegrist, MD Mailing Address Bldg 100 Ste 105 980 Westfall Rd City State Zip Code Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Dr. John D Balley, MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 32609-3265 FUII Name (Last, First, Middle Initial) Dr. John D Balley, MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 32609-3265 FEC ID number of contributing federal political committee. C. Name of Employer Casper WY 32609-3265 FEC ID number of contributing federal political committee. C. Name of Employer Casper WY 32609-3265 FEC ID number of contributing federal political committee. C. Name of Employer Casper WY 32609-3265 Primary General C. Name of Employer Casper Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General C. Name of Employer Casper Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General C. Name of Employer Casper Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General C. Name of Employer Casper Orthopaedic Associ- Amount of Each Receipt this Per Casper Orthopaedic Associ- Casper Orthopaedic Surgeon Casper Orthopaedic Associ- Casper Orthopaedic Surgeon Casper Orthopaedic Associ- Casper Orthopaedic As	Dr. D Allan Lanzo, , MD	200		
Baltimore MD 21204-5801 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer Self Employed B. Full Name (Last, First, Middle Initial) Dr. Stephanie E Siegrist, MD Mailing Address Bldg 100 Ste 105 980 Westfall Rd City State Zip Code NY 14618-2605 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code NY 14618-2605 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. John D Bailey, MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C Casper FEC ID number of contributing federal political committee. C Casper State Signate	Mailing Address 6565 N Charles St Ste 6	01 28 2010		
FEC ID number of contributing federal political committee. Name of Employer Self Employed	-		Zip Code	Transaction ID: 31232656
See Fee Primary General Occupation Orthopaedic Surgeon	Baltimore	<u>MD</u>	21204-5801	Amount of Each Receipt this Period
Receipt For:		C		250.00
Primary General Other (specify) ▼	Name of Employer Self Employed		c Surgeon	
B. Dr. Stephanie E Siegrist, MD Mailing Address Bldg 100 Ste 105 980 Westfall Rd City State Zip Code Rochester NY 14618-2605 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 1000.00 C. Dr. John D Bailey, MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C. Dr. John D Bailey and Dr. State Zip Code City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper WY 82609-3265 Name of Employer Casper Orthopaedic Associates Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Primary General	Aggregate Ye		
City State Zip Code Rochester FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John D Bailey., MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. C. Diver (specify) ▼ City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper WY 82609-3265 Name of Employer Casper Orthopaedic Associates Receipt For: Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General				Date of Receipt
Rochester NY 14618-2605 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. John D Bailey, , MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code Casper WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Receipt For: Aggregate Year-to-Date ▼ Amount of Each Receipt this Per Date of Receipt Transaction ID: 31232724 Amount of Each Receipt this Per Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General	980 Westfall Rd		-	01 28 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. John D Bailey, , MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Name of Employer Casper Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	•		•	
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General 1000.00	FEC ID number of contributing		14010-2003	1000.00
Primary General Other (specify) ▼ Date of Receipt	Name of Employer Self Employed		c Surgeon	
Dr. John D Bailey, , MD Mailing Address 4140 Centennial Hills Blvd Ste C City State Zip Code Casper WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Primary General Date of Receipt Transaction ID: 31232724 Amount of Each Receipt this Per 250 Aggregate Year-to-Date ▼	Primary General	Aggregate Ye		
City State Zip Code Casper WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Primary General O 1 28 20 Transaction ID: 31232724 Amount of Each Receipt this Per 250 Aggregate Year-to-Date ▼	Dr. John D Bailey, , MD			
Casper WY 82609-3265 FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Primary General Amount of Each Receipt this Per Coccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼			7'. O. d.	
FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedic Associates Receipt For: Primary General C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	•		•	
Casper Orthopaedic Associates Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date 350.00	FEC ID number of contributing		02000 0200	250.00
Primary General			c Surgeon	
	Primary General	Aggregate Ye		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon		
Full Name (Last, First, Middle Initial) Dr. Howard I Freedberg, , MD Mailing Address 1110 W Schick Rd City Bartlett FEC ID number of contributing federal political committee. Name of Employer Suburban Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code IL 60103-3007 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M D D D 28 2010	
Full Name (Last, First, Middle Initial) Dr. John S Early, , MD Mailing Address 8210 Walnut Hill Ln City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TX 75231-4418 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 8 2 0 1 0 Transaction ID: 31232727 Amount of Each Receipt this Period 1000.00	
Full Name (Last, First, Middle Initial) Dr. John G Birch, , MD Mailing Address 2222 Welborn St City Dallas FEC ID number of contributing federal political committee. Name of Employer Texas Scottish Rite Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 75219-3924 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 2 8 2 0 1 0 Transaction ID: 31232728 Amount of Each Receipt this Period 250.00	
SUBTOTAL of Receipts This Page (optional)	1550.00	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	nercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) All Action Committee of the Amer	rican Associ	iation of Orthopaedic Surge	ons
Dr. Scott	ne (Last, First, Middle Initial) J Tarantino, , MD Address 1105 Justa Ln	Date of Receipt		
	Address 1105 Justa Ln		01 28 2010	
City <u>Cocke</u> y	vsville	State MD	Zip Code 21030-1730	Transaction ID: 31232730 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	1 1 1 1 1 1	250.00
Name of Towson ates	f Employer Orthopaedic Associ-	Occupation Orthopae	n edic Surgeon	
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. Dr. Coop	ne (Last, First, Middle Initial) per L Terry, , MD	Date of Receipt		
	Mailing Address 497 Azalea Dr Ste 102			01 28 2010
City Oxford		State MS	Zip Code 38655-7906	Transaction ID: 31232731 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	30007000	500.00
Name of Self Em	f Employer ployed	Occupation Orthopae	n edic Surgeon	
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	ne (Last, First, Middle Initial) Mullis, , MD			Date of Receipt
Mailing /	Address Dept of Ortho Surgery 541 Clininal Dr Ste 600			01 28 2010
City <u>Indiana</u>	anolis	State IN	Zip Code 46202-5233	Transaction ID: 31232732 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		1000.00
of Medic			edic Surgeon	
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTA	AL of Receipts This Page (optional)			1750.00
TOTAL TH	his Period (last page this line number	onlv)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American			
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Darin T Leetun, , MD Mailing Address Portage Health 500 Campus Dr	01.1	Ti. Out	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31232733
	Hancock FEC ID number of contributing federal political committee.	C	49930-1569	Amount of Each Receipt this Period 250.00
	Name of Employer Portage Health Receipt For: Primary General Other (specify) ▼	 	edic Surgeon e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. David Victor Mungo, , MD Mailing Address 11218 Clapsaddle Av	Date of Receipt 0 1 2 8 2 0 1 0		
	City State Zip Code			Transaction ID: 31232807
	Alliance	ОН	44601-9765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Alliance Community Hospit- al	_	edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. David R Morawski, , MD	, , , ,		
	Mailing Address 2525 Kaneville Rd	01 28 2010		
	City	State	Zip Code	Transaction ID: 31232809
	Geneva	<u>IL</u>	60134-2578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FVO Administrative Servic- es	 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1050.00
	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. Mark Shannon Lawler, , MD			Date of Receipt
	Mailing Address 4000 Civic Center Dr	01 28 2010		
	City	State	Zip Code	Transaction ID: 31232810
	San Rafael	CA	94903-5233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. William Lewis Craig, III, MD			Date of Receipt
	Mailing Address 4240 Foxbury Ct			01 28 7 2010
	City	State	Zip Code	Transaction ID: 31232811
	Winston Salem	NC	27104-1447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Specialists of the Carolin	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD			Date of Receipt
	Mailing Address 2815 S Pennsylvania Ave Ste 204			01 28 2010
	City	State	Zip Code	Transaction ID: 31232813
	<u>Lansing</u>	MI	48910-3496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Michigan Orthopaedic Cent- er	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Scott A McPherson, , MD Mailing Address 7088 Cahill Rd City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Park Nicollet Clinic Receipt For: Primary General Other (specify)		Zip Code 55439-2035 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 28 2010 Transaction ID: 31232814 Amount of Each Receipt this Period 300.00
В.	Full Name (Last, First, Middle Initial) Dr. Scott R Grewe, , MD Mailing Address Orthopedics Northwes 15755 SW Sequoia P City Tigard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	kwy Ste 200 State OR C Occupatio Orthopac	Zip Code 97224-7166 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 28 2010 Transaction ID: 31232817 Amount of Each Receipt this Period 250.00
 c.	Full Name (Last, First, Middle Initial) Dr. Neal L Rockowitz, , MD Mailing Address Rockowitz Orthopaed 3815 North 32nd Stree City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AZ C Occupatio Orthopac	Zip Code 85018-4901 n edic Surgeon e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[SUBTOTAL of Receipts This Page (optional) .			1550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons				
Α.	Full Name (Last, First, Middle Initial) Dr. Nile R Lestrange, , MD			Date of Receipt		
	Mailing Address 1600 S Federal Hwy S	01 28 2010				
	City	State	Zip Code	Transaction ID: 31232934		
	Pompano Beach FEC ID number of contributing	FL C	33062-7521	Amount of Each Receipt this Period 1000.00		
	federal political committee.	Occupation	NO.			
	Name of Employer Self Employed		edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
В.	Full Name (Last, First, Middle Initial) Dr. J Spence Reid, , MD			Date of Receipt		
	Mailing Address 500 University Dr MC H089, PO Box 850	0		01 28 2010		
	City	State	Zip Code	Transaction ID: 31232935		
	Hershey	PA	17033-2360	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Hershey Medical	Occupation Orthopa	on edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
C.	Full Name (Last, First, Middle Initial) Dr. Michael Ramsey, , MD			Date of Receipt		
	Mailing Address 2701 Raquet Club Dr					
	City	State	Zip Code	Transaction ID: 31232936		
	Midland	TX	79705-7432	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer West Texas Spine	Occupation Orthopa	on edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
	SUBTOTAL of Receipts This Page (optional)		1	2250.00		
	TOTAL This Period (last page this line number		<u> </u>			

Any information copied from such Reports and St or for commercial purposes, other than using the provided in the such as a suc	name and addre	ess of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael R Sathy, , MD Mailing Address 1263 Richardson Ave City Los Altos FEC ID number of contributing	State		Date of Receipt
federal political committee.	C	94024-6034	Transaction ID: 31232937 Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Palo Alto Medical Foundati Receipt For: Primary General Other (specify) ▼	Orthopaed	c Surgeon ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert T Mazurek, , MD Mailing Address 145 N Brent St Ste 101			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31232938
Ventura FEC ID number of contributing federal political committee.	CA	93003-2847	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaed	ic Surgeon	
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas T Phuriphan, , MD Mailing Address 1515 Newell Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31232939
Walnut Creek	CA	94596-5120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kaiser	Occupation Orthopaed		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) Political Action Committee of the Ameria Full Name (Last, First, Middle Initial) Dr. Joseph Sizensky, , MD Mailing Address 732 Hidden View Ct City Slinger FEC ID number of contributing federal political committee. Name of Employer Aurora Advanced Healthcare	atements may not be sold or used by any person lame and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any political committee to sold any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of any political committee to sold any person and address of address of address of any person and address of a	
Full Name (Last, First, Middle Initial) Dr. Joseph Sizensky, , MD Mailing Address 732 Hidden View Ct City Slinger FEC ID number of contributing federal political committee.	State Zip Code WI 53086-9395 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 2 8 2 0 1 0 Transaction ID: 31232940 Amount of Each Receipt this Period
Mailing Address 732 Hidden View Ct City Slinger FEC ID number of contributing federal political committee.	WI 53086-9395 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Slinger FEC ID number of contributing federal political committee.	WI 53086-9395 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Name of Employer Aurora Advanced Healthcare	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
		7
Receipt For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Yamil C Rivera, , MD Mailing Address Monte Verde Real Vered	da 20	Date of Receipt
City	State Zip Code	01 28 2010
San Juan	PR 00926	Transaction ID: 31232941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Ortho Spine Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Franklyn E Seabrooks, II, MD		Date of Receipt
Mailing Address 2702 Low Ct		01 28 2010
City Enirfield	State Zip Code	Transaction ID: 31232943
Fairfield FEC ID number of contributing federal political committee.	CA 94534-9771	Amount of Each Receipt this Period 500.00
Name of Employer Solano Regional Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Michael J Yaszemski, , MD, PhD Mailing Address 200 First St SW City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify)	State Zip Code MN 55905-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 8 2 2 0 1 0 Transaction ID: 31232944 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Todd Shapiro, , MD Mailing Address 9113 Cross Water City Bakersfield FEC ID number of contributing federal political committee. Name of Employer SOCAL Ortho Institute Receipt For: Primary General Other (specify)	State Zip Code CA 93312-6276 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 8 / 2 0 1 0 Transaction ID: 31232945 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, , MD Mailing Address Orthopaedic Associates City Albany FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y O 1 28 2010 Transaction ID: 31232946 Amount of Each Receipt this Period 450.00
SUBTOTAL of Receipts This Page (option	nal)	1200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
. ∠ 4.	Full Name (Last, First, Middle Initial) Dr. Debra M Parisi, , MD		nation of Crinopacoic Surget	Date of Receipt
•	Mailing Address 697 West End Ave Ap			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10025-6921	Transaction ID: 31232947
	FEC ID number of contributing federal political committee.	C	10025-0921	Amount of Each Receipt this Period 250.00
	Name of Employer Continium Health Partners	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. William N Haller, III, MD Mailing Address 135 Fairoaks Circle	1		Date of Receipt
				01 28 2010
	City Gadsden	State A L	Zip Code 35901-5413	Transaction ID: 31232948 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03301 3410	250.00
	Name of Employer Gadsden Ortho Associates	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
- :.	Full Name (Last, First, Middle Initial) Dr. Marc Romayne Davidson, , MD			Date of Receipt
	Mailing Address 2088 Alpine Dr			0 1 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 31232949
	West Linn	OR	97068-8618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	, '	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional))	1500.00
t	TOTAL This Period (last page this line number	only)	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 371 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Smith, , MD			Date of Receipt
	Mailing Address 2646 N Foothill Dr			01 28 2010
	City Provo	State UT	Zip Code 84604-4390	Transaction ID: 31232951 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.1001	250.00
	Name of Employer Intermountain Healthcare	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Miguel A Pirela-Cruz, , MD			Date of Receipt
	Mailing Address Ortho Surgery 4800 Alberta Ave			01 28 7 2010
	City	State	Zip Code	Transaction ID: 31233431
	EI Paso FEC ID number of contributing federal political committee.	C	79905-2709	Amount of Each Receipt this Period 1000.00
	Name of Employer Texas Tech University	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Stephen J Ringel, , MD			Date of Receipt
	Mailing Address 4005 Business Park D)r		0 1 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 31233432
	Amarillo FEC ID number of contributing federal political committee.	C	79110-4235	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
H	FOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Jeffrey S Schiffman, , MD Mailing Address 255 N Elm St Ste 20 City Escondido FEC ID number of contributing federal political committee. Name of Employer North County Spine Receipt For: Primary General	State Zip Code CA 92025-3431 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 8 2 0 1 0 Transaction ID: 31233434 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Andrew Peter Kant, , MD Mailing Address 17270 Red Oak Dr S City Houston FEC ID number of contributing federal political committee.	250.00 Ste 200 State Zip Code TX 77090-2632 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer KSF Orthopaedic Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Carlson, , MD Mailing Address Orthopaedic and Sp 250 Nat Turner Blvd City Newport News FEC ID number of contributing federal political committee.	State Zip Code VA 23606-2899	Date of Receipt M M M / D D / Y Y Y Y Y O 1 28 2010 Transaction ID: 31233437 Amount of Each Receipt this Period 250.00
Name of Employer OSC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 371 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. John Charles Kofoed, , MD Mailing Address 2619 Seminole Ct City Fairfield FEC ID number of contributing federal political committee. Name of Employer Sutter Regional Medical Group Receipt For: Primary General Other (specify)	. '	Zip Code 94534-7871 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 28 2010 Transaction ID: 31233438 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Dr. John Anthony Osterkamp, , MD Mailing Address 1818 Verdugo Blvd Ste City Glendale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Orthopa	Zip Code 91208-1422 on edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31233439 Amount of Each Receipt this Period 250.00
_ С.	Full Name (Last, First, Middle Initial) Dr. Abbott Kagan, II, MD Mailing Address 8710 College Pky City Fort Myers FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 33919-4811 on edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31233440 Amount of Each Receipt this Period
⊢	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			2250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	any information copied from such Reports and a r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Scott Beecher Scutchfield, , MD			Date of Receipt
	Mailing Address 1591 Lexington Rd			01 28 2010
	City Danville	State KY	Zip Code 40422-9795	Transaction ID: 31233441 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Univ of Kentucky	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) Christopher R Goll, , MD			Date of Receipt
	Mailing Address 7758 Chipwood Ln			01 28 2010
	City Jacksonville	State FL	Zip Code	Transaction ID: 31233443
	FEC ID number of contributing federal political committee.	C	32256-2350	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Steven Marc Stoller, , MD			Date of Receipt
	Mailing Address 30 W Century Rd Ste	320		0 1 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 31233444
	Paramus FEC ID number of contributing federal political committee.	NJ C	07652-1435	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2000.00
F	TOTAL This Period (last page this line number			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 371 (check only one) X
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr. Deanna M Boyette, , MD Mailing Address 602 Daventry Dr City	State NC	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Greenville FEC ID number of contributing federal political committee.	C	27858-6513	Amount of Each Receipt this Period 1000.00
	Name of Employer OEI Receipt For: Primary General Other (specify) ▼	- '	edic Surgeon e Year-to-Date 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Steven Berkowitz, , MD Mailing Address 1200 Eagle Ave			Date of Receipt 0 1 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 31233447
	Ocean FEC ID number of contributing federal political committee.	NJ C	07712-7631	Amount of Each Receipt this Period 500.00
	Name of Employer Seaview Orthopaedics Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey J Lazarus, , MD Mailing Address 31 S River Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31233449
	Stuart FEC ID number of contributing federal political committee.	FL C	34996-6723	Amount of Each Receipt this Period 1000.00
	Name of Employer Treasure Coast Ortho Assoc	Occupatio	on edic Surgeon	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the state of the st	d Statements may the name and add	, ,	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Gregory D Gramstad, , MD			Date of Receipt
Mailing Address 6702 SW Canyon C			01 28 2010
City	State	Zip Code	Transaction ID: 31233450
Portland	OR	97225-3617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Northwest Surgical Specia-	Occupation	n edic Surgeon	
lists Receipt For:	- 	Year-to-Date V	_
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. John Thomas Killian, , MD			Date of Receipt
Mailing Address 2660 10th Ave So Bldg 1 Ste 107			01 28 2010
City	State	Zip Code	Transaction ID: 31233451
Birmingham	AL	35205-1605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gary M Schniegenberg, , MD			Date of Receipt
Mailing Address 801 Medical Dr Ste	A		0 1 2 8 2 0 1 0
City	State	Zip Code	Transaction ID: 31233691
<u>Lima</u>	OH	45804-4030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopedic Institute of Ohio	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	55 0	500.00	
SUBTOTAL of Receipts This Page (optional			1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Thomas A Malvitz, , MD Mailing Address 1111 Leffingwell NE	- Sto 100	Date of Receipt
	- Sie 100	01 28 2010
City	State Zip Code	Transaction ID: 31233692
Grand Rapids	MI 49525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates of Michigan	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD	<u>'</u>	Date of Receipt
Mailing Address Dept of Ortho Surg 9200 W Wisconsin		01 28 7 2010
City Milwaukee	State Zip Code WI 53226-3522	Transaction ID: 31233693
FEC ID number of contributing federal political committee.	WI 53226-3522	Amount of Each Receipt this Period 250.00
Name of Employer Medical College of Wiscon- sin	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Denis R Clohisy, , MD		Date of Receipt
Mailing Address R200 2450 Riversio	le Ave South	01 28 2010
City	State Zip Code	Transaction ID: 31233694
Minneapolis	MN 55455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Minnesota	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00]
SUBTOTAL of Receipts This Page (optiona	l)	1250.00
TOTAL This Period (last page this line num		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Andrew J Vicar, , MD Mailing Address 1801 N Senate Blv City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Ortho Indy Receipt For: Primary General	State Zip Code IN 46202-1228 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 28 / 2010 Transaction ID: 31233695 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. William J Jarvis, , MD Mailing Address 5200 Hummingbird City Wausau FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Clinic, SC Receipt For: Primary General	State Zip Code WI 54401-6312 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Nicholas J Yokan, , MD Mailing Address 1380 E Shore Dr City Detroit Lakes FEC ID number of contributing federal political committee. Name of Employer Innovis Health Receipt For: Primary General Other (specify)	State Zip Code MN 56501-4701 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 28 2010 Transaction ID: 31233697 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (options	al)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to the name and address of the name an	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Kyle Parkins, II, MD Mailing Address 5131 Somerset Dr City Prairie Village FEC ID number of contributing federal political committee. Name of Employer University of Missouri Receipt For: Primary General Other (specify)	State Zip Code KS 66207-2233 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D D / Y Y Y Y Y 1 2 8 / 2 0 1 0 Transaction ID: 31233698 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mohammed-Tarek Al-Fahl, , MD Mailing Address 9715 Stonecross B City Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TX 77070-4399 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Terry Jackman Beal, , MD Mailing Address 2117 S Clear Creel City Killeen FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76549-4110 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 900.00	Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	1400.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 371 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American			
A .	Full Name (Last, First, Middle Initial) Dr. Philip Schrank, , MD Mailing Address 5 Schooners Cove City Setauket FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	. ' 	edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ В.	Other (specify) Full Name (Last, First, Middle Initial) Dr. Craig S Roberts, , MD Mailing Address 210 E Gray St Ste 100		250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville FEC ID number of contributing federal political committee. Name of Employer Univ of Louisville Receipt For: Primary General Other (specify)		Zip Code 40202-3906 on edic Surgeon e Year-to-Date ▼ 500.00	Transaction ID: 31233706 Amount of Each Receipt this Period 500.00
_ С.	Full Name (Last, First, Middle Initial) Dr. E Burke Evans, , MD Mailing Address Dept of Ortho Surg & F 301 University Blvd City Galveston FEC ID number of contributing federal political committee. Name of Employer Univ of Texas Receipt For: Primary General Other (specify)	State TX C Occupatio Orthopae	Zip Code 77555-0001 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	1250.00

Any information copied from such Reports and or for commercial purposes, other than using		X 11a 11b 11c 12 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any phe name and address of any political committee nerican Association of Orthopaedic Sur	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Audrey K Tsao, , MD Mailing Address 12361 W Bola Dr St	e 100	Date of Receipt
City Surprise	State Zip Code AZ 85374-9021	0 1
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sun Valley Orthopaedic Su- rgeons Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD Mailing Address 2100 Webster St St	⇒ 309	Date of Receipt Date of Receipt 2 8 2 0 1 0
City	State Zip Code	Transaction ID: 31235648
San Francisco FEC ID number of contributing federal political committee.	CA 94115-2376	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel J Gallagher, , MD		Date of Receipt
Mailing Address 4633 Wichers Dr Ste	2 100	0 2 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31271967
Marrero FEC ID number of contributing federal political committee.	LA 70072-3064	Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional		1600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 371 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. David M Oster, , MD			Date of Receipt
	Mailing Address 5290 S Geneva Way			02 03 7 2010
	City	State	Zip Code	Transaction ID: 31271968
	Englewood	CO	80111-6203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Denver-Vail Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael McNamara, , MD	_		Date of Receipt
	Mailing Address 2841 DeBarr Rd Ste 2	23		02 03 2010
	City	State	Zip Code	Transaction ID: 31271970
	Anchorage	AK	99508-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. John E Lonstein, , MD			Date of Receipt
	Mailing Address Twin Cities Spine Cer 913 E 26th St Ste 600)		02 03 7 2010
	City <u>Minneapolis</u>	State MN	Zip Code	Transaction ID: 31271971
	FEC ID number of contributing		55404-4515	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Twin Cities Spine Center	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .			1875.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 371 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		
A.	Full Name (Last, First, Middle Initial) Dr. Jay M Minorik, , MD Mailing Address 4924 Silentwind Way City Appleton FEC ID number of contributing federal political committee. Name of Employer Valley Orthopaedic Clinic Receipt For: Primary General Other (specify)	 Zip Code 54913-6840 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 1 0 Transaction ID: 31271973 Amount of Each Receipt this Period 1000.00
— З.	Full Name (Last, First, Middle Initial) Dr. Patricia McHale, , MD Mailing Address 15819 Glenmiro Dr City Huntersville FEC ID number of contributing federal political committee. Name of Employer Ortho Carolina Receipt For: Primary General	 Zip Code 28078-2254	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 3 2 2 0 1 0 Transaction ID: 31271974 Amount of Each Receipt this Period 1000.00
 C.	Full Name (Last, First, Middle Initial) Dr. Craig H Rosen, , MD Mailing Address 1802 Champlain Dr City Voorhees FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	 Zip Code 08043-2870 n edic Surgeon e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	 500.00	2500.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 371 (check only one) X
NAME OF COMMITTEE	(In Full)	ay not be sold or used by any personderess of any political committee to ciation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Min Dr. Robert A Gurtler, , MD Mailing Address 2192 City White Heath FEC ID number of contributed federal political committee Name of Employer Carle Clinic Assoc Receipt For:	State IL Occupation Orthopa Aggregat	Zip Code 61884-9314 on tedic Surgeon te Year-to-Date ▼	Date of Receipt M M M
Primary G Other (specify) ▼ Full Name (Last, First, Mi Dr. Anthony L Brown, , MD Mailing Address 3235		750.00	Date of Receipt
City Flossmoor FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For:	Occupati Orthopa	Zip Code 60422-2040 on tedic Surgeon te Year-to-Date	Transaction ID: 31271977 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Minder Dr. James W Nichols, , DO) Mailing Address 1112		250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Camden FEC ID number of contrib federal political committee		Zip Code 29020-3712	Transaction ID: 31271978 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		on nedic Surgeon te Year-to-Date ▼	
SUBTOTAL of Receipts Th	is Page (optional)		2000.00

Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	ne and address of any political committee to s	solicit contributions from such committee.
Dr. Robert Ball McGinley, , MD Mailing Address The Orthopaedic Group PO Box 86144 City Mobile FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	AL 36689-6144 C	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mobile FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	AL 36689-6144 C	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	Cocupation	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	•	
Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 City Mankato	Aggregate Year-to-Date ▼ 250.00	- -
Mankato		Date of Receipt O 2 D 0 3 D 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
•	State Zip Code	Transaction ID: 31271983
FEC ID number of contributing federal political committee.	MN 56001-6076 C	Amount of Each Receipt this Period 250.00
Orthopedic & Fracture Cli- nic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael G Vitale, , MD		Date of Receipt
Mailing Address 3959 Broadway 8th FI Nor	tn	02 03 2010
City	State Zip Code	Transaction ID: 31271987
New York	NY 10032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
NYOH	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	230.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	13X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143/3/1 (check only one)
Any information copied from such Report or for commercial purposes, other than to	ts and Statements may using the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Richard J Mason, , MD			Date of Receipt
Mailing Address 510 Idlewild Av	е		02 03 2010
City Easton	State MD	Zip Code 21601-3881	Transaction ID: 31271989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21001 0001	250.00
Name of Employer The Orthopedic Center	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert P Nirschl, , MD	I		Date of Receipt
Mailing Address 1715 N George	Mason Dr Ste 504		0 2 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington	State VA	Zip Code	Transaction ID: 31271994
FEC ID number of contributing federal political committee.	C	22205-3670	Amount of Each Receipt this Period 500.00
Name of Employer Nirschl Orthopedic Sports Medicine	Occupation Orthopae	dic Surgeon	
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Gerald Q Greenfield, Jr, MD			Date of Receipt
Mailing Address 2829 Babcock	Rd Ste 700		02 03 2010
City	State	Zip Code	Transaction ID: 31271995
San Antonio	TX	78229-6015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (op	tional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to the name and address of orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) John W Acampa, , MD Mailing Address 180 E Main St City Bay Shore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11706-8427 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 3 2 0 1 0 Transaction ID: 31271996 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. James M Donohue, , MD Mailing Address 2309 23rd St PO Box 273 City Spirit Lake FEC ID number of contributing federal political committee. Name of Employer lowa Lakes Orthopaedics PC Receipt For: Primary General Other (specify)	State Zip Code IA 51360-0273 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ray M Fitzgerald, , MD Mailing Address 17270 Red Oak Dr S City Houston FEC ID number of contributing federal political committee. Name of Employer KSF Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code TX 77090-2632 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to a market and address of any political committee to a market and address of any political committee to a market and a	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark C Meier, , MD Mailing Address Orhopaedic Associ 901 N Curtis #501 City Boise FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code ID 83706-1343 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 2 O 3 2 0 1 0 Transaction ID: 31272018 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD Mailing Address 8314 SW 42nd Ave City Gainesville FEC ID number of contributing federal political committee. Name of Employer University of Florida Receipt For: Primary General Other (specify)	State Zip Code FL 32608-3655 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Todd A Schmidt, , MD Mailing Address 2865 Lake Park Dr City Lake Spivey FEC ID number of contributing federal political committee. Name of Employer Southern Orthopaedic Specialists Receipt For: Primary General Other (specify)	State Zip Code GA 30236-4133 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 0 3 2 0 1 0 Transaction ID: 31272021 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (options	al)	1250.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 371 (check only one) X 11a
NAME OF COMMITTE	EE (In Full)	may not be sold or used by any personal address of any political committee to ociation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Dr. Leland R Mayer, , MI Mailing Address S 5 City Eau Claire FEC ID number of confederal political commit Name of Employer Luther-Midelfort Receipt For: Primary Other (specify)	State WI tributing tee. C Occupa Orthor General	54701	Date of Receipt M M M / D D / Y Y Y Y Y O 2
Full Name (Last, First, Dr. David J Flesher, ME Mailing Address 330 City Oklahoma City FEC ID number of confederal political commit Name of Employer Orthopedic Associates Receipt For: Primary Other (specify)	State OK tributing tee. Inc Occupa Orthop Aggreg General	73112-5627	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 1 0 Transaction ID: 31272024 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Dr. Kenneth A Martin, , Mailing Address 890 City Little Rock FEC ID number of confederal political commit Name of Employer Martin Bowen Hefley Confederal Political Commit Primary Other (specify)	State AR tributing tee. Occupa Orthor General	72205-6451	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 3 2 2 0 1 0 Transaction ID: 31272026 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts	This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 371 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. Paul L Tesar, , MD Mailing Address PO Box 929 City Saint Helens FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97051-0929 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Paul Calvin Collins, , MD Mailing Address 1520 W State St Ste2 City Boise FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83702-4085 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD Mailing Address 2 Celeste Dr City Johnstown FEC ID number of contributing federal political committee. Name of Employer Western PA Orthopaedics Receipt For: Primary General Other (specify) ▼	State Zip Code PA 15905-2832 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso of the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. George A Pugh, , MD Mailing Address 1124 Longridge Ro City Oakland FEC ID number of contributing federal political committee. Name of Employer East Bay Orthopaedic Specialists Receipt For: Primary General Other (specify)	State Zip Code CA 94610-1812 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charlotte J Harris, , MD Mailing Address 991 Medical Park [City Maysville FEC ID number of contributing federal political committee.	State Zip Code KY 41056-8765	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Scott M Morrell, , MD Mailing Address 3211 Iris Dr City Covington FEC ID number of contributing federal political committee.	State Zip Code GA 30016-0907	Date of Receipt M M M
Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (options	al)	1150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steve G Salyers, , MD Mailing Address 1060 Rossview Rd City Clarksville FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code TN 37043-1908 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 1 0 Transaction ID: 31272041 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD Mailing Address 535 East 70th St 6t City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10021-4823	Date of Receipt M M M
Name of Employer Lenox Hill Hospital Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) Dr. Alex B Bodenstab, , MD Mailing Address 4745 Ogletown Sta City Newark FEC ID number of contributing federal political committee. Name of Employer First State Orthopaedics	State Zip Code DE 19713-1340 C Occupation Orthopaedic Surgeon	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	•	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph M Lane, , MD Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General	State Zip Code NY 10021-4823 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Mitchell B Sheinkop, , MD Mailing Address 2328 N Cleveland City Chicago	State Zip Code IL 60614-3316	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Midwest Orthopaedics Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. Clifford K Boese, , MD Mailing Address One Edmundson F City Council Bluffs FEC ID number of contributing federal political committee.	PI Ste 500 State Zip Code IA 51503-4619 C	Date of Receipt M M
Name of Employer Miller Orthopedic Affilia- tes Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. David W Shenton, Jr, MD Mailing Address 3134 Sycamore Ln		Date of Receipt
City	State Zip Code	0 2 0 8 2 0 1 0 Transaction ID: 31293997
Billings	MT 59102-0524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mary Haus, , MD		Date of Receipt
Mailing Address 4050 Briarwood Dr		02 08 2010
City	State Zip Code	Transaction ID: 31293999
<u>Jeannette</u>	PA 15644-4054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Ohio Valley Medical Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. John A Repicci, , MD		Date of Receipt
Mailing Address 4510 Main St		02 08 2010
City <u>Buffalo</u>	State Zip Code NY 14226-3800	Transaction ID: 31294002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Leslie P Dean, , MD	N. 999	Date of Receipt
Mailing Address 3260 Providence Dr S		02 08 2010
City Anchorage	State Zip Code AK 99508-4603	Transaction ID: 31294004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33300 4003	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Austin Thomas Fragomen, , MD Mailing Address 535 E 70th St	. L	Date of Receipt
		02 08 2010
City	State Zip Code NY 10021-4823	Transaction ID: 31294006
New York FEC ID number of contributing federal political committee.	NY 10021-4823	Amount of Each Receipt this Period 500.00
Name of Employer Hospital for Special Surg- ery	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Steven Scott Goldberg, , MD		Date of Receipt
Mailing Address 5867 Whisperwood C	t	02 08 2010
City Naples	State Zip Code FL 34110-2301	Transaction ID: 31294007
FEC ID number of contributing federal political committee.	FL 34110-2301	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1500.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 371 (check only one) X
or for commercial purposes NAME OF COMMITTE	, other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, N Dr. Thomas R Huberty, , ! Mailing Address 2111 City Aurora FEC ID number of contr federal political committee Name of Employer Castle Orthopaedics & stress Medicine	Ogden Ave State IL ibuting e.e. Occupati	Zip Code 60504-7597 on nedic Surgeon	Date of Receipt 0 2 0 8 2 0 1 0 Transaction ID: 31294008 Amount of Each Receipt this Period
Receipt For:		te Year-to-Date 1000.00	
Full Name (Last, First, N Dr. David S Matthews, , N Mailing Address 3010			Date of Receipt 0 2 0 8 2 0 1 0
City Colorado Springs FEC ID number of contrederal political committee		Zip Code 80909-1182	Transaction ID: 31294009 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary Other (specify)		on tedic Surgeon te Year-to-Date ▼ 250.00	
			Date of Receipt 0 2 0 8 2 0 1 0
City Savannah FEC ID number of contr federal political committe		Zip Code 31405-6736	Transaction ID: 31294010 Amount of Each Receipt this Period 1000.00
Name of Employer Southeastern Ortho Cer	Occupati	on tedic Surgeon	
Receipt For: Primary Other (specify) ▼	Aggregat Aggregat	te Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts T	his Page (optional)		2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Frederick F Fakharzadeh, , MD Mailing Address 22 Madison Ave City Paramus FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NJ 07652-2734 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 0 2 0 8 2 0 1 0 Transaction ID: 31294011 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Dr. Stephen Beissinger, , MD Mailing Address 6325 US Hwy 27 N City Sebring FEC ID number of contributing federal political committee.	Ste 201 State Zip Code FL 33870-8226 C	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W Wiley, , MD Mailing Address 264 Pleasant St City Concord FEC ID number of contributing	State Zip Code NH 03301-2551	Date of Receipt M M O 2 O 8 O 2 O 1 O Transaction ID: 31294016 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Concord Orthopaedics Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) >	1000.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 371 (check only one) X 11a
or for	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and ad	dress of any political committee to	o solicit contributions from such committee.
A. <u>D</u>	ull Name (Last, First, Middle Initial) Dr. Peter D Wood, , MD Mailing Address 1925 W Mountain View	, Ave		Date of Receipt
_	city	State	Zip Code	0 2 0 8 2 0 1 0 Transaction ID: 31294017
<u>L</u>	ongmont	CO	80501-3128	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N L	lame of Employer ongmont Clinic	Occupation Orthopae	n edic Surgeon	
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>D</u>	ull Name (Last, First, Middle Initial) br. Eric M Orenstein, , MD Mailing Address 1809 Connemara Ct			Date of Receipt 0 2 0 8 2 0 1 0
C	Dity	State	Zip Code	Transaction ID: 31294018
	.afayette	IN	47905-7941	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	С		500.00
N S	lame of Employer elf Employed	Occupation Orthopae	n edic Surgeon	
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
C. <u>D</u>	ull Name (Last, First, Middle Initial) or. Richard David Heekin, , MD Mailing Address 2627 Riverside Ave # 3	300		Date of Receipt 0 2 0 8 2 0 1 0
C	Dity	State	Zip Code	Transaction ID: 31294021
	acksonville	FL	32204-4712	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer self Employed	Occupation Orthopae	n edic Surgeon	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)			1250.00
тот	FAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no ne name and addres	ot be sold or used by any pers is of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Association	on of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Craig Dunwody Cameron, , DO Mailing Address 6500 La Posta Dr			Date of Receipt
	6500 La Fosta Di			02 08 2010
	City	State	Zip Code	Transaction ID: 31294022
	El Paso	TX	79912-7333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer El Paso Orthopaedic Surge-	Occupation		
	ry Group Receipt For:	Orthopaedic	ar-to-Date ▼	\dashv
	Primary General	Aggregate re		7
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedics 7703 Floyd Curl Dr M	s IC 7774		02 08 2010
	City	State	Zip Code	Transaction ID: 31294023
	San Antonio	TX	78229-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Texas Health Scie-	Occupation	Currence	
	nce Center Receipt For:	Orthopaedic Aggregate Ye		_
	Primary General	Aggregate Ye		7
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Michael P Young, , MD			Date of Receipt
	Mailing Address 350 Fox Hunt Trail			02 08 2010
	City	State	Zip Code	Transaction ID: 31294024
	Barrington	IL	60010-3423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopaedic	: Surgeon	
	Receipt For:	Aggregate Ye	ar-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		1		750.00

City State Zip Code Littleton CO 80127-3551 FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Full Name (Last, First, Middle Initial) Dr. Cring T Kertins, MD Mailing Address 1521 Anthony Rd City State Zip Code Augusta GA 30004-4821 FEC ID number of contributing federal political committee. Name of Employer Augusta Borle & Joint Primary General Other (specify) ▼ State Zip Code Lakewood CO 80401-9541 FEC ID number of contributing federal political committee. Co 80401-9541 FEC ID number of contributing federal political committee. Name of Employer Augusta Borle & Joint FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Occupation Orthopaedic Surgeon	\ \ \	NAME OF COMMITTEE (In Full)			
City Augusta GA 39904-4821 FEC ID number of contributing federal political committee. Name of Employer Augusta Bone & Joint Primary Other (specify) ▼ Date of Receipt for: Primary General Other (specify) ▼ Date of Receipt initial) Date of Receipt for: Primary General Other (specify) ▼ Date of Receipt CC State Zip Code CO 80401-9541 Date of Receipt Transaction ID: 31294027 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Transaction ID: 31294027 Amount of Each Receipt this Period Date of Receipt ∠ a .	Full Name (Last, First, Middle Initial) Dr. Craig T Kerins, , MD			Date of Receipt	
Same of Employer Aggregate Year-to-Date ▼ Date of Receipt		-		·	Transaction ID: 31294027
Receipt For: Primary		federal political committee.			250.00
Date of Receipt Date of Receipt		Receipt For: Primary General	Orthopa	edic Surgeon e Year-to-Date ▼	
City State Zip Code CO 80401-9541 FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center City State Zip Code CO 80401-9541 Full Name (Last, First, Middle Initial) Dr. Christopher M Brian , MD Mailing Address 6 White Birch City State Zip Code CO 80127-3551 Fill Number of contributing federal political committee. City State Zip Code CO 80127-3551 FEC ID number of contributing federal political committee. City State Zip Code CO 80127-3551 Fill Number of contributing federal political committee. Co 80127-3551 Amount of Each Receipt this Period Date of Receipt Transaction ID: 31294359 Amount of Each Receipt Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	_ 3.	Dr. Amit Agarwala, , MD	Ste 250		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher M Brian, MD Mailing Address 6 White Birch City State Zip Code CO 80127-3551 FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 31294359 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		City	State	Zip Code	
nter Receipt For:		FEC ID number of contributing		80401-9541	
Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Christopher M Brian, , MD		nter	Orthopa	edic Surgeon	
Dr. Christopher M Brian, , MD Mailing Address 6 White Birch City State Zip Code Littleton CO 80127-3551 FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			0 0	250.00	
City State Zip Code CO 80127-3551 FEC ID number of contributing federal political committee. C C Santa State Zip Code CO 80127-3551 Amount of Each Receipt this Period 250.00 C C C C C C C C C C C C C C C C C C	- :.	Dr. Christopher M Brian, , MD			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00		City	State	Zip Code	
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00		Littleton	CO	80127-3551	Amount of Each Receipt this Period
Panorama Orthó & Spine Center Receipt For: Primary General Other (specify) ▼ Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		federal political committee.			250.00
Primary General Other (specify) ▼ 250.00		<u>nter</u>	Orthopa	edic Surgeon	
CURTOTAL of Resolicts This Days (settings)		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 371 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Mark J Conklin, , MD			Date of Receipt
	Mailing Address 660 Golden Ridge Ro	d Ste 250		02 08 2010
	City <u>Golden</u>	State CO	Zip Code 80401-9541	Transaction ID: 31294360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00401 3341	250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Premjit Deol, , DO			Date of Receipt
	Mailing Address 1690 Bassett St Unit	0 2 0 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: 31294361
	Denver FEC ID number of contributing federal political committee.	CO	80202-1880	Amount of Each Receipt this Period 250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopas	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Bharat M Desai, , MD			Date of Receipt
	Mailing Address 660 Golden Ridge Ro	d Ste 250		02 08 2010
	City Golden	State CO	Zip Code	Transaction ID: 31294362
	FEC ID number of contributing federal political committee.	C	80401-9541	Amount of Each Receipt this Period 250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Douglas A Foulk, , MD Mailing Address 660 Golden Ridge Ro City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	State Zip Code CO 80401-9541 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Thomas G Friermood, , MD Mailing Address 660 Golden Ridge Ro City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	State Zip Code CO 80401-9541 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles Adam Gottlob, , MD Mailing Address 660 Golden Ridge Ro City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	State Zip Code CO 80401-9541 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
\	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	o solicit contributions from such committee.
/	Political Action Committee of the Am	ierican Associ	ation of Orthopaedic Surge	ons
۱.	Full Name (Last, First, Middle Initial) Dr. Raeburn M Jenkins, , MD	1 04- 050		Date of Receipt
	Mailing Address 660 Golden Ridge Ro	J Sie 250		02 08 2010
	City	State	Zip Code	Transaction ID: 31294367
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. James T Johnson, , MD			Date of Receipt
•	Mailing Address 660 Golden Ridge Ro	0 2 0 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: 31294368
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Peter Lammens, , MD			Date of Receipt
•	Mailing Address 660 Golden Ridge Ro	d Ste 250		0 2 0 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 31294369
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 371 (check only one) X
Any information copie or for commercial put	poses, other than using the r	atements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action	Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Lonnie Eric Loutze	First, Middle Initial) hhiser, , MD 1411 Wynkoop St Unit	700		Date of Receipt
-	1411 Wynkoop St Onit			02 08 2010
City Denver		State CO	Zip Code 80202-1789	Transaction ID: 31294370 Amount of Each Receipt this Period
FEC ID number o		C	000001700	250.00
Name of Employe Panorama Ortho nter	r & Spine Ce-	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Patrick McNair,		N- 050		Date of Receipt
ivialing Address	660 Golden Ridge Rd S	02 08 2010		
City		State	Zip Code	Transaction ID: 31294371
Golden FEC ID number o federal political co		CO	80401-9541	Amount of Each Receipt this Period 250.00
Name of Employe Panorama Ortho nter	r & Spine Ce-	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spec	General (ify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, F Dr. Mark F Mills, , N	First, Middle Initial) MD			Date of Receipt
Mailing Address	660 Golden Ridge Rd S	ite 250		02 08 2010
City		State	Zip Code	Transaction ID: 31294372
Golden		CO	80401-9541	Amount of Each Receipt this Period
FEC ID number o federal political co		C		250.00
Name of Employe Panorama Ortho nter	r & Spine Ce-	· · · · · ·	edic Surgeon	
Receipt For: Primary Other (spec	General ffy) ▼	Aggregate	e Year-to-Date ▼ 250.00	
CURTOTAL of Rea	eipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any p ne name and address of any political committee erican Association of Orthopaedic Sur	
Full Name (Last, First, Middle Initial) Roger E Murken, , MD Mailing Address 660 Golden Ridge Ro	State Zip Code	Date of Receipt 0 2 0 8 2 0 1 0 Transaction ID: 31294373
Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Ce-	CO 80401-9541 C Occupation Octhopaedic Surgeon	Amount of Each Receipt this Period 250.00
nter Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Nimesh Patel, , MD Mailing Address 1898 Denver West C	t Apt 1211	Date of Receipt M
City	State Zip Code	Transaction ID: 31294374
Lakewood FEC ID number of contributing federal political committee.	CO 80401-0928	Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Puschak, , MD Mailing Address 5275 Dunraven Circle	9	Date of Receipt Date of Receipt 0 2 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 31294375
Golden FEC ID number of contributing federal political committee.	CO 80403-2059	Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
	1	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeometrican Association Orthopaedic Surgeometrican Orthopaedic Surgeometrican Association Orthopaedic Surgeometrican Association Orthopaedic Surgeometrican Orthopaedic Surgeometric	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mitchel S Robinson, , MD Mailing Address 5021 East Oxford A City Cherry Hills Villa FEC ID number of contributing federal political committee.	State Zip Code CO 80113-5117 C	Date of Receipt M M D D 2 0 1 0
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Walter G Robinson, Jr, MD Mailing Address 660 Golden Ridge	Rd Ste 250	Date of Receipt O 2 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 31294377
Golden	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edmund B Rowland, Jr, MD	-	Date of Receipt
Mailing Address 660 Golden Ridge	Rd Ste 250	0 2 0 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31294378
Golden FEC ID number of contributing federal political committee.	CO 80401-9541	Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 3 / 1 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Mitchell D Seemann, , MD			Date of Receipt
Mailing Address 660 Golden Ridge	Rd Ste 250		02 08 2010
City Golden	State CO	Zip Code 80401-9541	Transaction ID: 31294379 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00401-3341	250.00
Name of Employer Panorama Ortho & Spine Ce- nter	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric J Stahl, , MD	I		Date of Receipt
Mailing Address 660 Golden Ridge	Rd Ste 250		0 2 0 8 2 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Golden	State CO	Zip Code 80401-9541	Transaction ID: 31294380
FEC ID number of contributing federal political committee.	C	00401-9541	Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Ce-	Occupation	n edic Surgeon	
nter Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas J Straehley, , MD			Date of Receipt
Mailing Address 660 Golden Ridge	Rd Ste 250		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31294381
Golden FEC ID number of contributing federal political committee.	C	80401-9541	Amount of Each Receipt this Period 250.00
Name of Employer Panorama Ortho & Spine Ce- nter		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 371 (check only one) X
or for cor	mation copied from such Reports and Stanmercial purposes, other than using the result of COMMITTEE (In Full) cal Action Committee of the Ameri	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailin City Gold FEC I	ame (Last, First, Middle Initial) as Cabot Wong, , MD g Address 660 Golden Ridge Rd # en D number of contributing al political committee.	State CO C Occupation		Date of Receipt M M D D Y Y Y Y Y Y Y Y
nter Recei	pt For: Primary General Other (specify) ▼	<u> </u>	edic Surgeon e Year-to-Date ▼ 250.00]
Dr. W Mailin City	ame (Last, First, Middle Initial) ayne M Goldstein, , MD g Address 9000 Waukegan Rd	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FEC I federa Name Illinois titute Recei	on Grove D number of contributing all political committee. of Employer as Bone & Joint Insport For: Primary General Other (specify)	· · · · ·	n edic Surgeon • Year-to-Date ▼	Amount of Each Receipt this Period 1500.00
Dr. Tr Mailin City Seat FEC I	D number of contributing al political committee.	State WA	Zip Code 98101-2756	Date of Receipt M
Recei	of Employer ia Mason pt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1000.00	
SUBTO	TAL of Receipts This Page (optional)			2750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 371 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Hans Robert Tuten, , MD			Date of Receipt
	Mailing Address PO Box 71690		7:01	02 04 2010
	City Richmond	State VA	Zip Code 23255-1690	Transaction ID: 31296219 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23233-1090	400.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Christopher John Lang, , MD Mailing Address 1215 W Chaucer			Date of Receipt
				02 04 2010
	City Spokane	State WA	Zip Code	Transaction ID: 31296220
	FEC ID number of contributing federal political committee.	C	99208-8675	Amount of Each Receipt this Period 500.00
	Name of Employer Spokane Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
_ }.	Full Name (Last, First, Middle Initial) Dr. Ryan C Meis, , MD			Date of Receipt
	Mailing Address c/o CNOS 575 Sioux Point Rd			02 04 2010
	City Dakota Dunes	State SD	Zip Code 57049-5312	Transaction ID: 31296221
	FEC ID number of contributing federal political committee.	C	37049-3312	Amount of Each Receipt this Period 250.00
	Name of Employer CNOS	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1	I	1150.00
F	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	Statements may not be sold or used by any person and address of any political committee to be prican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark R Colville, , MD Mailing Address Physicians Pavilion		Date of Receipt
200 NE Mother Joseph	h PI Ste 210	02 04 2010
City	State Zip Code	Transaction ID: 31296222
Vancouver	WA 98664-3295	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Northwest Surgical Specia- Ilists	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Renny Uppal, , MD		Date of Receipt
Mailing Address 555 N Arlington Ave		02 04 2010
City	State Zip Code NV 89503-4723	Transaction ID: 31296223
Reno FEC ID number of contributing federal political committee.	NV 89503-4723	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael A Turner, , MD		Date of Receipt
Mailing Address 520 Valley View Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31296224
Moline	IL 61265-6152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopedic & Rheumatology Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	2250.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 371 (check only one) X 11a
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amo			
<u>/</u> \.	Full Name (Last, First, Middle Initial) Dr. William R Vandiver, , MD Mailing Address 6705 Bob O Link Dr			Date of Receipt 0 2 0 4 2 0 1 0
	City Dallas	State TX	Zip Code 75214-3140	Transaction ID: 31296225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Texas Orthopaedic Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼		edic Surgeon e Year-to-Date 500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Samuel E Smith, , MD Mailing Address 1551 Professional Ln	Ste 200		Date of Receipt 0 2 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 31296226
	Longmont	CO	80501-6964	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	- ' 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. James L Scales, , MD Mailing Address 280 Newton Sparta R	d Ste 4		Date of Receipt 0 2 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 31296228
	Newton FEC ID number of contributing federal political committee.	NJ C	07860-2775	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Mary I O'Connor, , MD Mailing Address 4500 San Pablo Rd City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Jacksonville Receipt For: Primary General Other (specify)	State Zip Code FL 32224-1865 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 1 0 Transaction ID: 31296229 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD Mailing Address 806 Maple Dr City Griffin FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code GA 30224-4919 C	Date of Receipt M M M / D D / Y Y Y Y Y Y O 2 / O 4 / 2 0 1 0 Transaction ID: 31296232 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Frank R Joseph, , MD Mailing Address 1285 Hembree Rd 3	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City Roswell FEC ID number of contributing federal political committee.	State Zip Code GA 30076-4995	Transaction ID: 31296233 Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	J) >	1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 371 (check only one) X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ . .	Full Name (Last, First, Middle Initial) Dr. Fred C Redfern, , MD			Date of Receipt
	Mailing Address 600 Whitney Ranch Dr City	Ste D22 State	Zip Code	02 04 2010
	Henderson	NV	89014-2632	Transaction ID: 31296234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Lawrence D Dorr, , MD Mailing Address 637 S Lucas Ave 5th F	I I		Date of Receipt
	City	State	Zip Code	02 04 2010
	Los Angeles	CA	90017-1912	Transaction ID: 31296235 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Dr. John Hollis Walker, , MD Mailing Address 4715 Whitesburg Dr			Date of Receipt 0 2 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 31296236
	Huntsville	AL	35802-1632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 371 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Michael T Archdeacon, , MD Mailing Address Dept of Ortho Surgery			Date of Receipt
	231 Albert Sabin Way			02 04 2010
	City	State	Zip Code	Transaction ID: 31296237
	Cincinnati	OH	45267-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Cincinnati Physicians	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Tye Ouzounian, , MD	<u> </u>		Date of Receipt
	Mailing Address 5620 Wilbur Ave Ste 2	216		02 / 04 / 2010
	City	State	Zip Code	Transaction ID: 31296238
	Tarzana FEC ID number of contributing federal political committee.	CA	91356-1309	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey H Charen, , MD	<u> </u>		Date of Receipt
	Mailing Address 205 May St Ste 202			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31296239
	Edison	NJ	08837-3267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Orthopaedic Associates	, '	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/2/3/1 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jonathan Daniel Scherl, , MD			Date of Receipt
Mailing Address 440 Curry Ave Ste A	A		M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
City Englewood	State NJ	Zip Code 07631-1794	Transaction ID: 31296240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. David G Lehrman, , MD			Date of Receipt
Mailing Address 4701 Meridian Ave Adams Bldg Ste 601	1		02 04 7 2010
City	State FL	Zip Code	Transaction ID: 31296241
Miami Beach FEC ID number of contributing federal political committee.	C	33140-2910	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brian Makhuli, , MD			Date of Receipt
Mailing Address 1748 Woodwalk Cre	eek		0 2 0 4 2 0 1 0
City Atlanta	State GA	Zip Code 30339-8480	Transaction ID: 31296242
FEC ID number of contributing federal political committee.	C	30339-0400	Amount of Each Receipt this Period 1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
			1550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Riederman, , MD			Date of Receipt
	Mailing Address 2700 Quarry Lake Dr S	Ste 300		02 04 2010
	City	State	Zip Code	Transaction ID: 31296243
	Baltimore	MD	21209-3746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Specialty Cen- ter	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Randall Evan Marcus, , MD			Date of Receipt
	Mailing Address 11100 Euclid Ave			02 04 2010
	City	State	Zip Code	Transaction ID: 31296245
	Cleveland	OH	44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer UNMG	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Craig Alan Butler, , MD, MBA			Date of Receipt
	Mailing Address Orthopaedic Center 1911 Miccosukee Rd			02 04 2010
	City <u>Ta</u> llahassee	State FL	Zip Code	Transaction ID: 31296248
	FEC ID number of contributing federal political committee.	C	32308-5321	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General		e Year-to-Date	
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number		<u> </u>	

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any inform or for com	nation copied from such Reports and S mercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OF COMMITTEE (In Full) cal Action Committee of the Ame	rican Associ	iation of Orthopaedic Surgeo	ons
A. Dr. Jam	me (Last, First, Middle Initial) nes P Jamison, , MD			Date of Receipt
-	Address 6470 Tippecanoe Rd			02 04 2010
City Canfie	ald	State OH	Zip Code	Transaction ID: 31296251
FEC ID	onumber of contributing political committee.	C	44406-9008	Amount of Each Receipt this Period 750.00
Name o Self Er	of Employer nployed	Occupation Orthopae	n edic Surgeon	
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
Paul D	me (Last, First, Middle Initial) Burton, , DO			Date of Receipt
iviailing	Address 250 Campbell Ave			02 04 2010
City		State	Zip Code	Transaction ID: 31296257
	nds Dinumber of contributing political committee.	CA	92373-6832	Amount of Each Receipt this Period 250.00
	of Employer nead Orthopaedics	Occupation	n edic Surgeon	
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	ume (Last, First, Middle Initial)			Date of Receipt
	Address 6818 E Valley Vista Ln	l		0 2 0 4 2 0 1 0
City	P .	State	Zip Code	Transaction ID: 31296259
FEC ID	lise Valley number of contributing political committee.	C	85253-5349	Amount of Each Receipt this Period 500.00
Name o Self Er	of Employer nployed	Occupation Orthopae	n edic Surgeon	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)		1	1500.00
	This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 371 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
4 .	Full Name (Last, First, Middle Initial) Dr. Andrew M Casden, , MD Mailing Address Beth Israel Med Ctr/Sp			Date of Receipt 0 2 0 4 2 0 1 0
	10 Union Square East	Ste 5P State	Zip Code	Transaction ID: 31296260
	New York	NY	10003-3314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beth Israel Medical Center	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John W Solari, , MD Mailing Address 10 Wellspring Rd	1		Date of Receipt
				02 04 2010
	City	State	Zip Code	Transaction ID: 31296261
	Biddeford FEC ID number of contributing federal political committee.	ME C	04005-9401	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen W Snow, , MD	1		Date of Receipt
	Mailing Address 404 Yauger Way SW	Ste 100		0 2 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Olympia	State WA	Zip Code 98502-8152	Transaction ID: 31296262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		542.00
	Name of Employer Self Employed	Occupation Orthopae	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 542.00	
	SUBTOTAL of Receipts This Page (optional)		1	1292.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1292.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Frederick N Meyer, , MD Mailing Address 6505 Sugar Poir City Mobile	State Zip Code AL 36695-2741	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer University of South Alabama Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD Mailing Address 1777 Hamburg		Date of Receipt Date of Receipt 0 2
City Wayne FEC ID number of contributing federal political committee.	State Zip Code NJ 07470-5243 C	Transaction ID: 31296264 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD Mailing Address 7 Marsh Brook D	Or Ste 205	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Somersworth	State Zip Code NH 03878-6523	Transaction ID: 31296265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Seacoast Orthopedics and	Occupation	500.00
Sports Medici Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 371 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Au	the name and addres	s of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Benjamin David Sutker, , MD Mailing Address 210 E DeRenne Ave)		Date of Receipt
City Savannah FEC ID number of contributing	State GA	Zip Code 31405-6736	0 2 0 4 2 0 1 0 Transaction ID: 31296266 Amount of Each Receipt this Period 1000.00
Name of Employer Southeastern Orthopaedic Center Receipt For: Primary General Other (specify)	Occupation Orthopaedic Aggregate Yea		
Full Name (Last, First, Middle Initial) Dr. Michael L Gordon, , MD Mailing Address 201 Kings PI			Date of Receipt 0 2 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: 31296267
Newport Beach FEC ID number of contributing federal political committee.	CA	92663-5704	Amount of Each Receipt this Period 1000.00
Name of Employer Newport Orthopaedic Institute Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Aggregate Yea		
Full Name (Last, First, Middle Initial) Dr. Jon D Norberg, , MD Mailing Address 3270 20th St S			Date of Receipt
City	State	Zip Code	02 04 2010
Fargo	ND State	58104-5917	Transaction ID: 31296269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopaedic		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Mark S Humphrey, , MD		Date of Receipt
Mailing Address 12200 W 106th	St Ste 400	02 04 2010
City	State Zip Code	Transaction ID: 31296270
Overland Park	KS 66215-2305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Overland Park Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Robert V Knowlan, , MD	I	Date of Receipt
Mailing Address 1991 Northwest	ern Ave S	02 04 2010
City	State Zip Code	Transaction ID: 31296272
<u>Stillwater</u>	MN 55082-7536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Croix Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Paul R Gregory, Jr, MD	1	Date of Receipt
Mailing Address 6620 Coyle Ave	Ste 212	0 2 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31296467
<u>Carmichael</u>	CA 95608-6337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (opti	ional)	1250.00
	number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 371 (check only one) X
or for commercial purposes, other than using the	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert Q Lewis, , MD		Date of Receipt
Mailing Address 6118 Parkway Dr		02 05 2010
City	State Zip Code	Transaction ID: 31296468
Corpus Christi FEC ID number of contributing	TX 78414-2455	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Sanford A Ratzan, , MD		Date of Receipt
Mailing Address 786 Montauk Hwy Ste	e D	02 05 2010
City	State Zip Code	Transaction ID: 31296469
West Islip	NY 11795-4997	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. Paul Victor Conescu, , MD		Date of Receipt
Mailing Address 3118 8th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31296472
Las Vegas	NM 87701-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer San Miguel Clinic Corpora- tion	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	1
Other (specify)	300.00	1
SUBTOTAL of Receipts This Page (optional)	······	1500.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and ad	dress of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert S Schultz, , MD Mailing Address 2702 8th Ave North City Billings FEC ID number of contributing federal political committee. Name of Employer Billings Clinic Receipt For:	State MT C Occupatio Orthopae	Zip Code 59101-1107	Date of Receipt O 2 O 5 2 0 1 0 Transaction ID: 31296474 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Theodore I Macey, , MD Mailing Address 1034 Marwalt Dr Ste	100	250.00	Date of Receipt
City Fort Walton Beach FEC ID number of contributing federal political committee.	State FL	Zip Code 32547-6637	Transaction ID: 31296475 Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	_,	edic Surgeon e Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Steven Alter, , MD Mailing Address 222 Merrimack St Ste	e 300		Date of Receipt 0 2 0 5 2 0 1 0
City	State	Zip Code	Transaction ID: 31296507
Lowell FEC ID number of contributing federal political committee.	C	01852-5900	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Surgical Associates of Low Receipt For: Primary General Other (specify) ▼	_ ' 	edic Surgeon e Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 181 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold on a name and address of any p	or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Ort	hopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD			Date of Receipt
	Mailing Address 324 Roxbury Rd			02 05 2010
	City Rockford	State Zip Code		Transaction ID: 31296508
	FEC ID number of contributing federal political committee.	C 61107-3	1000	Amount of Each Receipt this Period 250.00
	Name of Employer Rockford Orthopedic Associates	Occupation Orthopaedic Surgeo	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Gerald M Rieber, , MD			Date of Receipt
	Mailing Address PO Box 170			02 05 2010
	City	State Zip Code		Transaction ID: 31296509
	Watertown	SD 57201-0	0170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeo	n	
	Receipt For:	Aggregate Year-to-Date		7
	Primary General Other (specify) ▼		250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Marwan A Wehbe, , MD	Date of Receipt		
	Mailing Address Pennsylvania Hand C 101 Bryn Mawr Ave S	02 / 05 / 2010		
	City Bryn Mawr	State Zip Code PA 19010-3		Transaction ID: 31296510
	FEC ID number of contributing federal political committee.	C 19010-3	1124	Amount of Each Receipt this Period 250.00
	Name of Employer PA Hand Center	Occupation Orthopaedic Surgeo	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
r	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jaafar M Bazih, , MD Mailing Address 4802 S 109th East Av	(A	Date of Receipt
City	State Zip Code	0 2 0 5 2 0 1 0 Transaction ID: 31296511
Tulsa	OK 74146-5822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tulsa Bone and Joint Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Albert Boss, , MD Mailing Address 115 E 19th St		Date of Receipt
		02 05 2010
City Roswell	State Zip Code NM 88201-5151	Transaction ID: 31296513
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. William E Smith, Jr, MD	1	Date of Receipt
Mailing Address 1717 North E St Ste 5	534	0 2 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31296514
Pensacola	FL 32501-6342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	·	1750.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 371 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee to American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Jose Miguel Santiago-Figueroa, , MD Mailing Address El Mirador 8th St City San Juan FEC ID number of contributing federal political committee. Name of Employer Condado Orthopaedic	G-15 State Zip Code PR 00926 C Occupation Orthopaedic Surgeon	Date of Receipt 0 2 0 5 2 0 1 0 Transaction ID: 31296515 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD Mailing Address 705 S University City	Ave Ste 150 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Beaver Dam FEC ID number of contributing federal political committee.	WI 53916-3071 C Occupation	Transaction ID: 31296516 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Charles M Blitzer, , MD Mailing Address 7 Marsh Brook D	r Ste 205	Date of Receipt 0 2 0 5 2 0 1 0
City Somersworth	State Zip Code NH 03878-6523	Transaction ID: 31296517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Seacoast Ortho & Sports	Occupation	1000.00
Med Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 371 (check only one) X			
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	Political Action Committee of the Am	Political Action Committee of the American Association of Orthopaedic Surgeons					
	Full Name (Last, First, Middle Initial) Dr. Timothy L Keenen, , MD			Date of Receipt			
	Mailing Address Pacific Spine Specia 19260 SW 65th Ave	02 05 2010					
	City	State	Zip Code	Transaction ID: 31296518			
	Tualatin	OR	97062-5705	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupatio Orthopae	on edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	1000.00				
_	Full Name (Last, First, Middle Initial) Dr. Kevin P Black, , MD			Date of Receipt			
	Mailing Address 30 Hope Dr			02 05 7 9 9 10			
	City	State	Zip Code	Transaction ID: 31296519			
	Hershey	PA	17033-2036	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Penn State Hershey Medical Ctr	Occupation Orthopae	on edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	1000.00				
-	Full Name (Last, First, Middle Initial) Michael J Forseth, , MD			Date of Receipt			
	Mailing Address 310 N Smith Ave Ste	0 2 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 31296520			
	Saint Paul	MN	55102-2343	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	1000.00				
Г		1		3000.00			

City Beaumont FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Timothy S Petsche, MD Mailing Address 2525 Kaneville Rd City Geneva IL 60134-2578 FEC ID number of contributing federal political committee. Name of Employer Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code IL 60134-2578 Cuty State Zip Code IL Amount of Ear Cuty State Zip Code IL Amount of Ear Cuty State Zip Code IL Amount of Ear Date of Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code IL Amount of Ear Date of Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code IL Go201-1718 Date of Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code IL Amount of Ear Date of Receipt M Amount of Ear Transaction II Amount of Ear Transaction II Amount of Ear Cuty State Zip Code IL Amount of Ear Date of Receipt M Amount of Ear Amount of Ear Date of Receipt M Amount of Ear D	IBER: PAGE 185 / 371 11b
A. Full Name (Last, First, Middle Initial) Dr. David Teuscher, MD Mailing Address 3650 Laurel Ave City Beaumont TX 77707-2216 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Timothy S Petsche, MD Mailing Address 2525 Kaneville Rd City State Zip Code Transaction If Amount of Eac FEC ID number of contributing federal political committee. City Geneva IL 60134-2578 FEC ID number of contributing federal political committee. Name of Employer Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City Evanston IL 60201-1718 Amount of Eac Transaction If Amount of Eac Transaction If Amount of Eac C Transaction II Amount of Eac FEC ID number of contributing federal political committee. C Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction II Amount of Eac Transaction II Amount of Eac FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Aggregate Year-to-Date ▼ Primary Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	if soliciting contributions is from such committee.
Beaumont	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employe	ach Receipt this Period
B. Dr. Timothy S Petsche, , MD Mailing Address 2525 Kaneville Rd City State Zip Code IL 60134-2578 FEC ID number of contributing federal political committee. Name of Employer Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ C. Date of Receipt For: Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City State Zip Code Evanston IL 60201-1718 FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Eac C	
Geneva IL 60134-2578 Amount of Eac FEC ID number of contributing federal political committee. Name of Employer Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ C. Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City State Zip Code IL 60201-1718 FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Amount of Eac Amount of Eac Amount of Eac Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Eac Transaction II Amount of Eac Transaction II Amount of Eac Amount of Eac Amount of Eac Transaction II Amount of Eac Amount of Eac Amount of Eac Transaction II Amount of Eac Amount of Eac Transaction II Amount of Eac Amount of Eac Transaction II Amount of Eac Transaction II Amount of Eac	eipt 0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Date of Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Date of Receipt For: State Zip Code Transaction II Go201-1718 FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Receipt For: Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ID: 31296571
Fox Valley Orthópaedic Institute Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City Evanston FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction II Amount of Eac Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ach Receipt this Period 250.00
Dr. William J Robb, III, MD Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 City State Zip Code Evanston IL 60201-1718 FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Date of Receip	
City Evanston FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General State Zip Code Transaction II C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	eipt 0 9 2 0 1 0
FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	ID: 31296572
Illinois Bone & Joint Institute Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼	ach Receipt this Period
Primary General	
Other (specify) ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 371 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may be name and addr	not be sold or used by any perso ess of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Associa	tion of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Randolph Hill Taylor, , MD			Date of Receipt
Mailing Address PO Box 2898			02 09 2010
City	State	Zip Code	Transaction ID: 31296573
Monroe	LA	71207-2898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation	lia Curgaan	
Receipt For:	, '	dic Surgeon	\dashv
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Douglas S Musgrave, , MD	1		Date of Receipt
Mailing Address 15800 NW Fair Acres	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	Transaction ID: 31296574		
Vancouver	WA	Zip Code 98685-1665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northwest Surgical Specia- lists	Occupation Orthopaed	lic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. J Kevin Horn, , MD			Date of Receipt
Mailing Address 9062 N Point Dr			02 09 2010
City	State	Zip Code	Transaction ID: 31296575
Beach City	TX	77523-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Fondren Orthopedic Group	Occupation Orthopaed	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	,	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		1750.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Associ	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. David T Miller, , MD			Date of Receipt
	Mailing Address 196 Brantwood Rd			02 09 2010
	City	State	Zip Code	Transaction ID: 31296576
	Snyder	NY	14226-4370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Towns Orthopaedic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert C Seipel, , MD			Date of Receipt
	Mailing Address 36500 Aurora Way	02 09 7 2010		
	City	State	Zip Code	Transaction ID: 31296578
	Oconomowoc	WI	53066-4899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Aurora Healthcare	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Thomas W Daugherty, , MD			Date of Receipt
	Mailing Address 190 Campus Blvd Ste	02 09 2010		
	City	State	Zip Code	Transaction ID: 31296580
	Winchester	VA	22601-2872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bone & Joint Specialists	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1000.00	
Г				2000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, c	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher M Jobe, , MD Mailing Address Dept of Ortho Surgery	04- 040		Date of Receipt
	Mailing Address Dept of Ortho Surgery 11406 Loma Linda Dr	02 09 2010		
	City	State	Zip Code	Transaction ID: 31296581
	Loma Linda	CA	92354-3711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Loma Linda University	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Samuel D Murray, Jr, MD	1		Date of Receipt
	Mailing Address 4700 Waters Ave	02 09 2010		
	City	State	Zip Code	Transaction ID: 31296582
	Savannah GA		31404-6220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercer Univ School of Med- icine	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_ c.	Full Name (Last, First, Middle Initial) Dr. James H Lubowitz, , MD			Date of Receipt
	Mailing Address 1219-A Gusdorf Rd St	e A		02 09 2010
	City	State	Zip Code	Transaction ID: 31296585
	Taos	NM	87571-6361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Taos Orthopaedic Institute	, ' 	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
t	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Joshua D Miller, , MD Mailing Address 720 Hiscock St City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer University of Michigan Receipt For: Primary General Other (specify)	State Zip Code MI 48103-3111 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 1 0 Transaction ID: 31296586 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Sean Lager, , MD Mailing Address 27 W 72nd St Apt City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NY 10023-3498 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 0 1 0 Transaction ID: 31296587 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Mukund Komanduri, , MD Mailing Address 823 129th Infantry City Joliet FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Dr #105 State Zip Code IL 60435-8347 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 2
SUBTOTAL of Receipts This Page (options	al)	3000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the Ame Full Name (Last, First, Middle Initial)	rican Assoc	lation of Orthopaedic Surgeo	ons
۱.	Dr. Soheil Najibi, , MD Mailing Address 1432 S Saltair Ave Ap	+ 303		Date of Receipt
	<u> </u>	02 09 2010		
	City Los Angeles	State CA	Zip Code 90025-2126	Transaction ID: 31296589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Stefan Kreuzer, , MD			Date of Receipt
	Mailing Address 1140 Business Center	02 09 YYYY 2010		
	City	State	Zip Code	Transaction ID: 31296590
	Houston	TX	77043-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. John H Crothers, , MD			Date of Receipt
	Mailing Address 2133 E Ranch Rd			0 2 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31296591
	Tempe FEC ID number of contributing federal political committee.	AZ C	85284-3547	Amount of Each Receipt this Period 1000.00
	Name of Employer Banner Health	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	ı		2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 371 (check only one) X		
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. John Andrew Galeno, , MD Mailing Address 19 Bradhurst Ave S					
City Hawthorne FEC ID number of contributing federal political committee.	State NY	Zip Code 10532-2140	Transaction ID: 31296592 Amount of Each Receipt this Period 500.00		
Name of Employer University Orthopaedics Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 500.00			
Full Name (Last, First, Middle Initial) Dr. Jesse G Eisler, , MD Mailing Address 460 Hartford Tpke	,				
City	State	Zip Code	Transaction ID: 31376636		
Vernon Rockville	CT	06066-4847	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Self Employed		edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. William B Ericson, Jr, MD	•		Date of Receipt		
6100 219th St SW	Mailing Address Ericson Hand Center 6100 219th St SW Ste 540				
City Mountlake Terrace	State WA	Zip Code 98043-2222	Transaction ID: 31376639 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	JOSTO ELLE	1000.00		
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (option	al)		2000.00		
TOTAL This Period (last page this line nun	nber only)				

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 371 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may r he name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the An	nerican Associat	tion of Orthopaedic Surge	ons
	Pull Name (Last, First, Middle Initial) Dr. Stephen Johm Zabinski, , MD Mailing Address 710 Center St			Date of Receipt
	Mailing Address 710 Center St			02 17 2010
	City	State	Zip Code	Transaction ID: 31376641
	Somers Point	NJ	08244-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shore Orthopaedic Univers- ity Associate	Occupation Orthopaed	ic Surgeon	
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. James C Wittig, , MD			Date of Receipt
	Mailing Address 130 E 18th St Apt 12	02 17 2010		
	City	State	Zip Code	Transaction ID: 31376643
	New York	NY	10003-2423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mount Sinai Medical Center	Occupation Orthopaed	ic Surgeon	
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Frank Capecci, , MD			Date of Receipt
	Mailing Address Morris County Ortho 109 US Hwy 46	02 17 2010		
	City	State	Zip Code	Transaction ID: 31376645
	Denville	NJ	07834-2776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaed		
	Receipt For:	Aggregate Y	ear-to-Date ▼	_
	Primary General Other (specify) ▼	0 0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check only one)
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD Mailing Address 806 Maple Dr City Griffin	State Zip Code GA 30224-4919	Date of Receipt M M
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	0
Full Name (Last, First, Middle Initial) Dr. E Anthony Rankin, , MD Mailing Address 1160 Varnum St N	E Ste 312	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31376649
Washington	DC 20017-2103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rankin Orthopaedic & Sports Medicine Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. David E Taylor, , MD Mailing Address 1630 E Herndon A	No Sto 204	Date of Receipt
		02 17 2010
City	State Zip Code CA 93720-3305	Transaction ID: 31376651
Fresno FEC ID number of contributing federal political committee.	CA 93720-3305	Amount of Each Receipt this Period 313.00
Name of Employer Sierra Pacific Ortho Spine Center Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	0
SUBTOTAL of Receipts This Page (option	al)	1063.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194/3/1 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Assoc	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Mark C Pinto, , MD			Date of Receipt
Mailing Address 775 S Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chelsea	State MI	Zip Code 48118-1383	Transaction ID: 31376652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40110 1000	1000.00
Name of Employer Chelsea Community Hospital	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gordon M Mead, , MD			Date of Receipt
Mailing Address PO Box 51455			02 17 2010
City	State	Zip Code	Transaction ID: 31376653
Shreveport	LA	71135-1455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Highland Clinic	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Walter Commodore Edwards, , MD			Date of Receipt
Mailing Address 2876 Wyngate NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31377159
Atlanta	GA	30305-2834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northside Orthopaedic Cli- nic	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify) General		500.00	
			2000.00

[SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the Am	ierican Assoc	lation of Orthopaedic Surge	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Mogerman, , MD			Date of Receipt
	Mailing Address 206 Stevenson Rd Bo	ox 683		02 17 2010
	City	State	Zip Code	Transaction ID: 31377161
	Waverly	PA	18471-0683	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Charles H Classen, Jr, MD Mailing Address 2104 N Heritage St			Date of Receipt
				02 17 2010
	City Kinston	State NC	Zip Code	Transaction ID: 31377162
	FEC ID number of contributing federal political committee.	C	28501-2222	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Donn A Fassero, , MD			Date of Receipt
	Mailing Address 600 Coffee Rd			02 17 2010
	City	State	Zip Code	Transaction ID: 31377163
	Modesto	CA	95355-4201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sutter Gould Medical Foun- dation		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196/3/1 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Andrew N Pollak, , MD			Date of Receipt
Mailing Address 22 S Greene St Ri	m 3TR54		02 17 2010
City Baltimore	State MD	Zip Code 21201-1544	Transaction ID: 31377556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of Maryland	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin Gulli, , MD	I		Date of Receipt
Mailing Address 3366 Oakdale Ave	N Ste 103		02 17 2010
City Minneapolis	State MN	Zip Code	Transaction ID: 31377557
FEC ID number of contributing federal political committee.	C	55422-2961	Amount of Each Receipt this Period 500.00
Name of Employer Twin Cities Orthopaedics	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel M Seybold, , MD			Date of Receipt
Mailing Address 3200 Westhill Dr S	Ste 201		0 2 1 7 2 0 1 0
City Wausau	State WI	Zip Code 54401-4707	Transaction ID: 31377558
FEC ID number of contributing federal political committee.	C	34401-4707	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	(al)		2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 371 (check only one) X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any pers- ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	nerican Associa	ation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Joel Wolfe, , MD			Date of Receipt
	Mailing Address 370 N 120th Ste 20			02 17 2010
	City <u>Holland</u>	State MI	Zip Code 49424-2196	Transaction ID: 31377560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shoreline Ortho & Sports Med	Occupation	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Allen G Lang, , MD			Date of Receipt
	Mailing Address VAMC 3600 30th St			02 17 2010
	City	State	Zip Code	Transaction ID: 31377561
	Des Moines	<u>IA</u>	50310-5753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VMAC	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. David W Romness, , MD	I		Date of Receipt
	Mailing Address Commonwealth Orth 1635 N George Maso			02 17 2010
	City Arlington	State VA	Zip Code 22205-3616	Transaction ID: 31377562
	FEC ID number of contributing federal political committee.	C	22203-3010	Amount of Each Receipt this Period 500.00
	Name of Employer Commonwealth Orthopaedics	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198/3/1 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert B Wilsterman, , MD			Date of Receipt
Mailing Address 5 Bramblebush Parl	K		0 2 1 7 2 0 1 0
City Falmouth	State MA	Zip Code 02540-2325	Transaction ID: 31377563
FEC ID number of contributing federal political committee.	C	02340-2323	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Ditkoff, , MD			Date of Receipt
Mailing Address 6900 Orchard Lake	Rd Ste 103		0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Bloomfield	State MI	Zip Code 48322-3424	Transaction ID: 31377564
FEC ID number of contributing federal political committee.	C	40322-3424	Amount of Each Receipt this Period 250.00
Name of Employer Michigan Orthopaedic Inst- itute	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter W Ross, , MD			Date of Receipt
Mailing Address 291 N Fireweed St			0 2 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: 31377565
Soldotna FEC ID number of contributing federal political committee.	C	99669-7540	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 371 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Δ.	Full Name (Last, First, Middle Initial) Dr. John Grady-Benson, , MD			Date of Receipt
	Mailing Address 499 Farmington Ave	Ste 200		02 17 2010
	City Farmington	State CT	Zip Code 06032-1933	Transaction ID: 31377566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00002 1300	1000.00
	Name of Employer Orthopaedic Associates of Hartford Receipt For:	- '	edic Surgeon	
	Primary General Other (specify) ▼	Aggregati	1000.00	
Б.	Full Name (Last, First, Middle Initial) Dr. Howard R Epps, , MD Mailing Address 7401 S Main			Date of Receipt
				02 17 2010
	City Houston	State TX	Zip Code 77030-4509	Transaction ID: 31377568 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77000 4505	1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Brock Stefan Cummings, , MD			Date of Receipt
	Mailing Address 6283 Clark Rd Ste 15	j		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31377569
	Paradise FEC ID number of contributing federal political committee.	CA	95969-4100	Amount of Each Receipt this Period 750.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	1		2750.00
f	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orthopaedic Surgeo	ns			
Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD		Date of Receipt			
Mailing Address 91 Parker Hill Ave		02 17 2010			
City Roxbury Crossing	State Zip Code MA 02120-3215	Transaction ID: 31377571			
FEC ID number of contributing federal political committee.	MA 02120-3215	Amount of Each Receipt this Period 1000.00			
Name of Employer Longwood Orthopaedic Asso- ciates	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Dr. Ronald Lakatos, , MD		Date of Receipt			
Mailing Address 2050 Kenny Rd S	Mailing Address 2050 Kenny Rd Ste 3300				
City	State Zip Code	Transaction ID: 31377576			
Columbus	OH 43221-3502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer OSU Medical Center	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. Paul J Duwelius, , MD		Date of Receipt			
Mailing Address 11782 SW Barnes	s Rd Ste 300	02 17 2010			
City	State Zip Code	Transaction ID: 31377577			
Portland	OR 97225-5933	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Orthopedic & Fracture Cli- nic	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (option	nal)	2500.00			
	mber only)	2300.00			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 371 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
	Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD Mailing Address 8602 N Cardinal Dr			Date of Receipt
	City Phoenix	State AZ	Zip Code 85028-6102	Transaction ID: 31377579 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Name of Employer Retired Receipt For: Primary General Other (specify) ▼	. ' 	n edic Surgeon Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert A Kelly, , MD Mailing Address 270 Chastain Rd NW	ı		Date of Receipt 0 2 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 31377580
	Kennesaw	GA	30144-3012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. James S Umber, , MD Mailing Address 251 Cohasset Rd Ste	130		Date of Receipt Date of Receipt 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: 31379401
	Chico FEC ID number of contributing federal political committee.	CA	95926-2235	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 371 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso	13 14 15 16 1 on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame				
Full Name (Last, First, Middle Initial) Dr. Vincent P Genovese, , MD			Date of Receipt	
Mailing Address 400 Burkley Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Greenville	State KY	Zip Code 42345-2106	Transaction ID: 31379402	
FEC ID number of contributing federal political committee.	C	42343-2100	Amount of Each Receipt this Period 250.00	
Name of Employer Myhlenbeurg Community Hos- pital	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Edward J McPherson, , MD Mailing Address 1400 S Grand Ave Sto	e 609		Date of Receipt	
	City State Zip Code			
Los Angeles	CA	90015-3068	Transaction ID: 31379403 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Rowland Brook Mayor, , MD			Date of Receipt	
Mailing Address 1 Church St 4th FI			02 22 2010	
City New Haven	State CT	Zip Code 06510-3330	Transaction ID: 31379404 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer Center for Orthopaedics	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional) .			1250.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John P Heiner, , MD Mailing Address 600 Highland Ave City Madison FEC ID number of contributing federal political committee. Name of Employer University of Wisconsin Receipt For: Primary General	State Zip Code WI 53792-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Ginther, , MD, FACS Mailing Address 13827 Driftwood D City Carmel FEC ID number of contributing federal political committee. Name of Employer Riverview Hospital Receipt For: Primary General Other (specify)	State Zip Code IN 46033-8511 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Albert Simpkins, , MD Mailing Address 10600 Magnolia A City Riverside FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	ve Ste I State Zip Code CA 92505-1819 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 2 2 2 2 0 1 0 Transaction ID: 31379409 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (option	al)	2500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 371 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, , MD			Date of Receipt
	Mailing Address 707 S Garfield Ave S	te 201		02 22 2010
	City Alhambra	State CA	Zip Code 91801-5861	Transaction ID: 31379410
	FEC ID number of contributing federal political committee.	C	31001-3001	Amount of Each Receipt this Period 500.00
	Name of Employer Pacific Orthopaedic Medic- al Group	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Daniel Lee, , MD			Date of Receipt
	Mailing Address 2260 Hot Oak Ridge	02 22 2010		
	City	State	Zip Code	Transaction ID: 31379411
	Las Vegas FEC ID number of contributing federal political committee.	C	89134-5520	Amount of Each Receipt this Period 250.00
	Name of Employer Nevada Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For:	' ' _	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. John S Place, , MD			Date of Receipt
	Mailing Address 3907 Creekside Loop	Ste 100		0 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: 31379412
	Yakima FEC ID number of contributing federal political committee.	C	98902-4879	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Charles Anthony Gatto, , MD Mailing Address 62 Vanderveer Dr		Date of Receipt
		02 22 2010
City	State Zip Code	Transaction ID: 31379413
Basking Ridge	NJ 07920-3746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	285.00
Name of Employer Tri-County Orthopaedic & Sports Medici	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial) Dr. Vincent Ruggiero, , MD		Date of Receipt
Mailing Address 4 Laird Rd		02 / 22 / 2010
City	State Zip Code	Transaction ID: 31379414
Middletown	NJ 07748-3078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates of N.Y.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Andrew Miller Cash, , MD		Date of Receipt
Mailing Address 9339 W Sunset Rd		02 22 7 2010
City	State Zip Code	Transaction ID: 31379416
Las Vegas	NV 89148-4849	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Desert Spine Institute	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1285.00
	per only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206/3/1 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David K Monson, , MD			Date of Receipt
Mailing Address 59 Executive Park	S Ste 2000		02 22 2010
City Atlanta	State GA	Zip Code 30329-2208	Transaction ID: 31379417 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emory Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alexandre S Kindy, , MD			Date of Receipt
Mailing Address 101 3rd Ave SW S	Ste 101		0 2 2 2 2 2 1 0 1 0
City	State	Zip Code	Transaction ID: 31379419
Minot	ND	58701-3880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Trinity Health	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. lan Lin, , MD			Date of Receipt
Mailing Address 104 Foster Dr			0 2 2 2 2 1 0
City Des Moines	State IA	Zip Code 50312-2538	Transaction ID: 31379420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30012 2000	1000.00
Name of Employer Des Moines Orthopaedic Su- rgeons	 	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	nal)		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Norman Barrington Chutkan, , MD Mailing Address Dept of Ortho Surg		Date of Receipt
1120 15th St BA 3300		02 22 2010
City	State Zip Code	Transaction ID: 31379423
<u>Augusta</u>	GA 30912-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Medical College of Georgia	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Patrick McNulty, , MD		Date of Receipt
Mailing Address 10981 Keymar Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31379424
Las Vegas	NV 89135-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nevada Ortho & Spine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Clayton B Brandes, , MD		Date of Receipt
Mailing Address 9536 NE 31st St		0 2
City	State Zip Code	Transaction ID: 31381575
Clyde Hill	WA 98004-1736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee the American Association of Orthopaedic Surgi	
Full Name (Last, First, Middle Initial Dr. Ronald E DiSimone, , MD Mailing Address 266 Spook Ho		Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial Dr. Mary Lloyd Ireland, , MD Mailing Address 601 Perimeter City		Date of Receipt M M
Lexington FEC ID number of contributing federal political committee. Name of Employer	KY 40517-4121 C Occupation	Amount of Each Receipt this Period
Kentucky Sports Medicine Clinic Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial Dr. Thomas J Blumenfeld, , MD Mailing Address 1020 29th St S		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento FEC ID number of contributing	State Zip Code CA 95816-5173	Transaction ID: 31381580 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (o	ptional)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by ar the name and address of any political comm merican Association of Orthopaedic	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Patrick Reilly, , MD Mailing Address 60 Copperflagg Ln		Date of Receipt
City Staten Island FEC ID number of contributing	State Zip Code NY 10304-1158	Transaction ID: 31381581 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼ Rederal political committee. Replayed General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Joseph Tobin, , MD Mailing Address 12 Lafayette PI Ste	A	Date of Receipt 0 2 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: 31381582
Hilton Head Island	SC 29926-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
Full Name (Last, First, Middle Initial) Dr. Edward Adrian Connolly, , MD		Date of Receipt
Mailing Address 520 Valley View Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31381585
Moline FEC ID number of contributing federal political committee.	IL 61265-6152	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optiona)	650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 371 (check only one) X 11a 11b 11c 12
Γ	Any information copied from such Reports and S	Statements ma		n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew J Bueche, , MD			Date of Receipt
	Mailing Address 1259 Rickert Dr Ste 10)1		02 22 2010
	City	State	Zip Code	Transaction ID: 31381588
	Naperville FEC ID number of contributing federal political committee.	C	60540-8904	Amount of Each Receipt this Period 250.00
	Name of Employer M & M Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	. ' 	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. David G Lewallen, , MD	1		Date of Receipt
	Mailing Address 200 1st St SW			02 22 2010
	City	State	Zip Code	Transaction ID: 31381589
	Rochester	MN	55905-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mayo Clinic	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Bruce T Faure, , MD			Date of Receipt
	Mailing Address 6849 W Ridgeview Dr			02 22 2010
	City	State	Zip Code	Transaction ID: 31381893
	Mequon	WI	53092-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 3 / 1 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Timothy H Izant, , MD			Date of Receipt
Mailing Address 8227 Meadowview	Ct		0 2 2 2 2 1 0 1 0
City <u>Manlius</u>	State NY	Zip Code 13104-9659	Transaction ID: 31381894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		548.00
Name of Employer Syracuse Orthopedic Speci- alists	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 548.00]
Full Name (Last, First, Middle Initial) Dr. Stephen Cunningham Robinson, , MD			Date of Receipt
Mailing Address 5719 Widewaters F	Pkwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31381895
De Witt FEC ID number of contributing federal political committee.	C	13214-1985	Amount of Each Receipt this Period 548.00
Name of Employer Syracuse Orthopedic Speci- alists	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 548.00	
Full Name (Last, First, Middle Initial) Dr. John P Buckley, , MD			Date of Receipt
Mailing Address 305 Bryant Dr E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tuscaloosa	State AL	Zip Code 35401	Transaction ID: 31381896
FEC ID number of contributing federal political committee.	C	33401	Amount of Each Receipt this Period
Name of Employer University Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	1		2096.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Clinton Michael Ray, , MD Mailing Address 1419 Hamric Dr Ste City Oxford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code AL 36203-2181 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 2 2 2 2 2 0 1 0 Transaction ID: 31381898 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. William L Oppenheim, , MD Mailing Address Luskin Children's C 1530 Arizona Ave City Santa Monica FEC ID number of contributing federal political committee. Name of Employer UCLA Medical Center Receipt For: Primary General	State Zip Code CA 90404-1208 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 2 0 1 0 Transaction ID: 31381899 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Henry T Leis, , MD Mailing Address 1720A Medical Par City Biloxi FEC ID number of contributing federal political committee. Name of Employer Bienville Orthopaedic Specialitsts Receipt For: Primary Other (specify)	State Zip Code MS 39532-2127 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 2 2 2 0 1 0 Transaction ID: 31381900 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional	l)	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a merican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) John Kirk Drake, , MD Mailing Address 3635 Bienville Blvc City Ocean Springs FEC ID number of contributing federal political committee. Name of Employer Bienville Orthopaedic Specialists Receipt For: Primary General	State Zip Code MS 39564-5711 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31381906 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Cory Alan Collinge, , MD Mailing Address 800 5th Ave Ste 50	500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Texas Health Resources Receipt For: Primary General	State Zip Code TX 76104-7304 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Transaction ID: 31381907 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Garrett J Lynch, , MD Mailing Address 2003 Medical Pkwy		Date of Receipt 0 2 2 2 2 0 1 0
City Annapolis FEC ID number of contributing federal political committee.	State Zip Code MD 21401-3088	Transaction ID: 31381908 Amount of Each Receipt this Period 250.00
Name of Employer Anne Arundel Orthopaedic Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option-	al)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Michael F Schafer, , MD		Date of Receipt
Mailing Address Dept of Ortho Surge 676 N Saint Clair St		02 22 2010
City	State Zip Code	Transaction ID: 31381909
Chicago	IL 60611-4795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Northwestern Univ Medical School	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Gregory J Austin, , MD		Date of Receipt
Mailing Address 725 Reservoir Ave S	Ste 101	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31381910
Cranston	RI 02910-4450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Assoc Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Vijay John Mani, , MD		Date of Receipt
Mailing Address 240 E 47th St #21-E)	0 2 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: 31381911
New York	NY 10017-2136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Long Island College Hospi- tal	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1500.00
	per only)	

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any per in using the name and address of any political committee	
	f the American Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Init Dr. Michael Lee Granberry, , MD Mailing Address 3610 Spring	<u></u>	Date of Receipt
City	State Zip Code	02 22 2010
Mobile	AL 36608-1162	Transaction ID: 31381917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Alabama Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Init Dr. Peter T Hurley, , MD Mailing Address 214 18th St	,	Date of Receipt
		02 22 2010
City Hickory	State Zip Code NC 28602-1363	Transaction ID: 31381918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hickory Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Init Dr. Gary Michael Sherman, , MD	al)	Date of Receipt
Mailing Address 9705 Redan	ar Dr	0 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: 31381919
Hagerstown FEC ID number of contributing federal political committee.	MD 21740-8943	Amount of Each Receipt this Period 250.00
Name of Employer Robinwood Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page	(optional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to perican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Thomas M McQuail, , MD Mailing Address 4125 Oberon Dr City Smyrna FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code GA 30080-5201 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 2 0 1 0 Transaction ID: 31381923 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD Mailing Address 1802 Quail Run Dr City Ogden FEC ID number of contributing federal political committee. Name of Employer Intermountain Healthcare Receipt For: Primary General Other (specify)	State Zip Code UT 84403-3266 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 2 2 2 2 0 1 0 Transaction ID: 31381924 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD Mailing Address 975 E 3rd St Hospital Box 260 City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Univ of Tennessee Receipt For: Primary General Other (specify)	State Zip Code TN 37403-2147 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M 22 2010 Transaction ID: 31381926 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personsing the name and address of any political committee to be American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Hans C Kioschos, , MD Mailing Address Powder River C		Date of Receipt
508 Stocktrail S		02 22 2010
City <u>G</u> illette	State Zip Code WY 82716-3582	Transaction ID: 31381928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Powder River Orthopaedic Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) Dr. John F Irving, , MD Mailing Address 199 Whitney Av	e	Date of Receipt 0 2 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: 31381929
New Haven	CT 06511-3786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Emile C Li, , MD		Date of Receipt
Mailing Address 1988 Luke Ln		02 22 YYYY 22 2010
City	State Zip Code	Transaction ID: 31381930
Fort Dodge	IA 50501-8730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (op	ional)	2000.00

Any information copied from such Reports and or for commercial purposes, other than using t		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Full Name (Last, First, Middle Initial) Dr. Lorence W Trick, , MD Mailing Address 7703 Floyd Curl Dr M			Date of Receipt
Dept of Orthopaedics			02 22 2010
City	State	Zip Code	Transaction ID: 31381931
San Antonio	TX	78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer UTHSCSA	Occupation Orthopaedi	ic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kent Jason Lowry, , MD			Date of Receipt
Mailing Address 444 E Timber Dr			02 / 22 / 2010
City	State	Zip Code	Transaction ID: 31381934
Rhinelander FEC ID number of contributing federal political committee.	C	54501-2852	Amount of Each Receipt this Period 500.00
Name of Employer Northland Orthopaedic Ass- ociates	Occupation Orthopaedi	ic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gerald W Rothacker, Jr, MD			Date of Receipt
Mailing Address 170 North Pointe Blv	d		02 23 7 2010
City	State	Zip Code	Transaction ID: 31381960
Lancaster	PA	17601-4132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Orthopedic Associates of Lancaster, Lt	Occupation Orthopaedi		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD Mailing Address 1663 Rollins Rd City Burlingame FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 94010-2301 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 3 2 3 1 2 0 1 0 Transaction ID: 31381962 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr. Joseph D Zuckerman, , MD Mailing Address 301 E 17th St Ste 1 City New York FEC ID number of contributing federal political committee. Name of Employer NYU-Hospital for Joint Diseases		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Warren R Bourgeois, III, MD Mailing Address 10025 Hyde PI City River Ridge FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 1000.00 State Zip Code LA 70123-1521 C	Date of Receipt M M
Name of Employer Audubon Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	J)	4000.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 371 (check only one) X
or for con	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) cal Action Committee of the Amer	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1. Dr. Ed	ame (Last, First, Middle Initial) ward R McDevitt, , MD g Address 1300 Ritchie Hwy Ste A	State MD	Zip Code 21012-2244	Date of Receipt M M
Name Bay A Sports Recei	D number of contributing all political committee. of Employer rea Orthopaedics & see Medicin pot For: Primary General Other (specify)		edic Surgeon e Year-to-Date ▼ 1000.00	1000.00
B. Dr. Str. Mailin City Iowa FEC I	ame (Last, First, Middle Initial) Juant L Weinstein, , MD g Address 200 Hawkins Dr Ste 11 City D number of contributing al political committee.	81RC State IA	Zip Code 52242-1007	Date of Receipt M M
<u>al</u> Recei	of Employer rsity of Iowa Hospit- pt For: Primary General Other (specify)	_ ! '	n edic Surgeon e Year-to-Date ▼ 1000.00	
Dr. Sc	ame (Last, First, Middle Initial) ott Gunnar Quisling, , MD g Address 758 Old Norcross Rd S	Ste 100	Zip Code	Date of Receipt M
<u>Lawr</u> FEC I	enceville D number of contributing Il political committee.	GA C	30046-3386	Amount of Each Receipt this Period
Recei	of Employer rgens Orthopaedics pt For: Primary General Other (specify)		edic Surgeon e Year-to-Date 1000.00]
SUBTO	TAL of Receipts This Page (optional))	3000.00

Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame Full Name (Last, First, Middle Initial) Dr. Angelo DiFelice, Jr, MD Mailing Address 1285 Hembree Rd Ste City Roswell	erican Associa		
Full Name (Last, First, Middle Initial) Dr. Angelo DiFelice, Jr, MD Mailing Address 1285 Hembree Rd Ste	e 200A		
City			M M / D D / Y Y Y Y
	GA	Zip Code 30076-4995	Transaction ID: 31381969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼	, ' 	lic Surgeon ∕ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert Morgan, , MD Mailing Address 2282 Ava PI			Date of Receipt 0 2 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 31381970
Decatur FEC ID number of contributing federal political committee.	GA C	30033-4708	Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaed	lic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Jeffrey Albert, , MD Mailing Address 1285 Hembree Rd Ste	200A		Date of Receipt
		Zin Codo	02 23 2010
City Roswell	State GA	Zip Code 30076-4995	Transaction ID: 31381971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopaedics		lic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 371 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
. <u>/_</u> A.	Full Name (Last, First, Middle Initial) Dr. Irfan Ansari, , MD			Date of Receipt
	Mailing Address 2765 Manor Bridge Dr		7:- 0-1-	02 23 2010
	City Alpharetta	State GA	Zip Code 30004-2850	Transaction ID: 31381972 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Resurgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. C Perry Cooke, III, MD Mailing Address 6797 Knollwood Rd			Date of Receipt
				02 23 2010
	City Fayetteville	State NY	Zip Code 13066-1726	Transaction ID: 31381973
	FEC ID number of contributing federal political committee.	C	13000-1720	Amount of Each Receipt this Period 548.00
	Name of Employer Syracuse Orthopaedic Spec- ialists, PC		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1098.00	
 :.	Full Name (Last, First, Middle Initial) Karen L Hackett, , FACHE, C			Date of Receipt
	Mailing Address AAOS 6300 N. River Rd			02 / 23 / 2010
	City Rosemont	State IL	Zip Code 60606-1504	Transaction ID: 31381998
	FEC ID number of contributing federal political committee.	C	00000-1304	Amount of Each Receipt this Period 500.00
	Name of Employer American Academy of Ortho- paedic Surgeo	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1298.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any perso he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Robert C Meisterling, , MD		Date of Receipt
Mailing Address 1991 Northwestern A		02 23 7 2010
City <u>S</u> tillwater	State Zip Code MN 55082-7536	Transaction ID: 31381999
FEC ID number of contributing federal political committee.	C 35002-7550	Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard J Barry, , MD		Date of Receipt
Mailing Address 2031 Anderson Rd S	Ste A	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31382000
<u>Davis</u>	CA 95616-0621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel J Berry, , MD		Date of Receipt
Mailing Address 200 First St SW		02 23 7 2010
City	State Zip Code	Transaction ID: 31382001
Rochester FEC ID number of contributing federal political committee.	MN 55905-0001	Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
SUPTOTAL of Popoints This Page (antional)	1	2250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	·	2250.00

Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may		13 14 15 16 1
NAME OF COMMITTEE (In Full)	the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Frederick M Azar, , MD			Date of Receipt
Mailing Address 1211 Union Ave Ste	510		02 23 2010
City Memphis	State TN	Zip Code 38104-6656	Transaction ID: 31382002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Campbell Clinic	Occupation Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Charles D Hummer, III, MD	I		Date of Receipt
Mailing Address 1 Med Ctr Blvd Ste			02 23 2010
City Chester	State PA	Zip Code	Transaction ID: 31382003
FEC ID number of contributing federal political committee.	C	19013	Amount of Each Receipt this Period
Name of Employer Premier Orthopaedics	Occupation Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Glenn J Jonas, , MD	<u> </u>		Date of Receipt
Mailing Address 270 Chastain Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kennesaw	State GA	Zip Code 30144-3012	Transaction ID: 31382004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30144-3012	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITT	EE (In Full)	may not be sold or used by any persol address of any political committee to sociation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Dr. Theodore W Parsor Mailing Address 27 CF City Detroit FEC ID number of confederal political comm Name of Employer Henry Ford Health Sy Receipt For: Primary Other (specify)	ss, III, MD 99 W Grand Blvd P-6 State MI ntributing ttee. C stem Occup Ortho Aggre	48202-2608	Date of Receipt M M 23 2010 Transaction ID: 31382006 Amount of Each Receipt this Period 1000.00
Full Name (Last, First Dr. Douglas W Lundy, Mailing Address 61 City Marietta FEC ID number of confederal political comm Name of Employer Resurgens Orthopaect Receipt For: Primary Other (specify)	MD Whitcher #1100 State GA Intributing ttee. C Occup Ortho Aggre	30060-1177	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 2 3 2 0 1 0 Transaction ID: 31382007 Amount of Each Receipt this Period 1000.00
	State UT Aggre General	84790-4495	Date of Receipt M M / D D / Y Y Y Y Y O 2 3 2 3 1 2 0 1 0 Transaction ID: 31382011 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts	This Page (optional)		2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James H Carson, , MD Mailing Address 170 North Pointe B City Lancaster FEC ID number of contributing federal political committee. Name of Employer Orthopedic Associates of Lancaster, Lt Receipt For:	State Zip Code PA 17601-4132 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey Mark Smith, , MD	250.00	Date of Receipt
Mailing Address 7910 Frost St Ste 2 City San Diego FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Trauma & Fracture Speciali Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92123-2776 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Transaction ID: 31382013 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Russell S VanderWilde, , MD Mailing Address 601 W 5th Ave Ste City Spokane FEC ID number of contributing federal political committee.	400 State Zip Code WA 99204-2715 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Northwest Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor the name and address of any political committee to s merican Association of Orthopaedic Surgeor	
Full Name (Last, First, Middle Initial) Dr. Patrick A Smith, , MD Mailing Address 1 S Keene St City Columbia FEC ID number of contributing federal political committee. Name of Employer Columbia Orthopaedic Group Receipt For: Primary General Other (specify)	State Zip Code MO 65201-7199 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31414733 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Daniel E Gelb, , MD Mailing Address 22 S Greene St S11B City Baltimore FEC ID number of contributing federal political committee. Name of Employer University of Maryland Receipt For: Primary General Other (specify)	State Zip Code MD 21201-1544 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. James Jay Harms, , MD Mailing Address 610 N Lincoln Ave City Urbana FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 61801-2432 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl)	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 371 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements magne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
۱.	Full Name (Last, First, Middle Initial) Dr. Daniel C Wnorowski, , MD	.1		Date of Receipt
	Mailing Address 4309 Hepatica Hill Ro			03 03 2010
	City Manlius	State NY	Zip Code 13104-8714	Transaction ID: 31414737 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Jack R Steel, , MD			Date of Receipt
	Mailing Address 2828 1st Ave Ste 400)		03 03 2010
	City	State	Zip Code	Transaction ID: 31414738
	Huntington FEC ID number of contributing federal political committee.	C	25702-1236	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Steven Braxton Morgan, , MD			Date of Receipt
	Mailing Address 1105 N Central Expy	Ste 120		03 03 2010
	City	State	Zip Code	Transaction ID: 31414740
	Allen FEC ID number of contributing federal political committee.	C	75013-6101	Amount of Each Receipt this Period 500.00
	Name of Employer Orthopaedic Associates of North Texas		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTE			on for the purpose of soliciting contributions o solicit contributions from such committee.
	t Ortho Surg Ste WP-1380 Stanton L Young Blvd State OK	Zip Code 73104-5033	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OUHSC Receipt For: Primary Other (specify)		on aedic Surgeon te Year-to-Date ▼ 250.00	
Full Name (Last, First, I Dr. Stephen Jay Rockow Mailing Address 6000			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31414743
Rockville	MD	20852-3830	Amount of Each Receipt this Period
FEC ID number of cont federal political committ			250.00
Name of Employer Capitol Ortho & Rehab	Occupati Orthopa	on aedic Surgeon	
Receipt For: Primary Other (specify)	General Aggregat	te Year-to-Date ▼ 250.00	
Full Name (Last, First, I	Middle Initial)		Date of Receipt
Mailing Address 476) W Sunset Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31414744
Los Angeles FEC ID number of cont federal political committ		90027-6063	Amount of Each Receipt this Period 250.00
Name of Employer SCPMG	Occupati Orthopa	on aedic Surgeon	
Receipt For: Primary Other (specify)		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This David (autional)		750.00

or	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements ma e name and ad	y not be sold or used by any pers	on for the purpose of soliciting contributions			
		orican Assoc	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to sold NAME OF COMMITTEE (In Full) Prolitical Action Committee of the American Association of Orthopaedic Surgeon				
•	Full Name (Last, First, Middle Initial)		Tation of Ontropaedic Surge				
Α.	Dr. Chris John Dangles, , MD Mailing Address 1802 S Mattis Ave			Date of Receipt 0 3			
	City	State	Zip Code	Transaction ID: 31414745			
	Champaign	IL	61821-5923	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Carle Clinic	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Raymond J Stefanich, , MD Mailing Address 2410 Ridgeway Ave	<u> </u>		Date of Receipt 0 3 0 3 2 0 1 0			
	City	State	Zip Code	Transaction ID: 31414746			
	Rochester	NY	14626-4114	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00				
 C.	Full Name (Last, First, Middle Initial) Dr. Patrick E Clare, , MD	1		Date of Receipt			
	Mailing Address 575 S 70th St Ste 200			03 03 2010			
	City	State	Zip Code	Transaction ID: 31414747			
	Lincoln	NE	68510-2471	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Nebraska Orthopaedic & Sp- orts Medicine	, · · · · · ·	edic Surgeon				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
SI	JBTOTAL of Receipts This Page (optional)			1750.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to erican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert N Walker, , MD Mailing Address 1873 E Parkhurst Ct City Eagle FEC ID number of contributing federal political committee. Name of Employer Orthopedic Centers of Idaho Receipt For: Primary General Other (specify)	State Zip Code ID 83616-6803 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M O 3
Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, , MD Mailing Address 11100 Euclid Ave City Cleveland FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code OH 44106-1716 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M O 3 O 3 2 0 1 0 Transaction ID: 31414749 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Rebecca S Yu, , MD Mailing Address 3000 Colby St Ste 30 City Berkeley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 94705-2058 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	>	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and addr	ess of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Constantine A Toumbis, , MD Mailing Address 950 N Avalon Way City Lecanto FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	 	Zip Code 34461-6004 dic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / 2 0 1 0 Transaction ID: 31414755 Amount of Each Receipt this Period 1000.00
 В.	Full Name (Last, First, Middle Initial) Dr. Hugh Carroll McLeod, Ill, MD Mailing Address 1163 Johnson Ferry R City Marietta FEC ID number of contributing federal political committee. Name of Employer Atlanta Orthopaedic Specialists Receipt For: Primary General	State GA C Occupation Orthopaed	Zip Code 30068-2764	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Other (specify) Full Name (Last, First, Middle Initial) Dr. Jeffrey D Yoder, , MD Mailing Address Medical Office Bldg 20 1907 W Sycamore St City Kokomo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State IN C Occupation Orthopaed	Zip Code 46901-5148 dic Surgeon Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / 2 0 1 0 Transaction ID: 31414761 Amount of Each Receipt this Period 1000.00
s	Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)		1000.00	2250.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and add	dress of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Prasad V Gourineni, , MD Mailing Address 3420 Adams Rd City Oak Brook FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	 · _ · _	Zip Code 60523-2708 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. John Charles Nordt, III, MD Mailing Address 4720 Lejeune Rd City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Spine Center of Miami Receipt For: Primary General Other (specify)	_ '	Zip Code 33146-1817 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: 31414764 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Timothy Evan Radomisli, , MD Mailing Address 130 East 77th St 12th City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupation Orthopae	Zip Code 10075-1851 In edic Surgeon e Year-to-Date 250.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul David Peterson, , MD Mailing Address 2950 S Elm PI St	e 460	Date of Receipt
		03 03 2010
City	State Zip Code	Transaction ID: 31414766
Broken Arrow FEC ID number of contributing federal political committee.	OK 74012-7863	Amount of Each Receipt this Period 1000.00
Name of Employer Tulsa Bone & Joint Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Luis H Urrea, II, MD Mailing Address 5009 Vista Del Mo	onte	Date of Receipt
City El Paso	State Zip Code TX 79922-2034	Transaction ID: 31414767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer El Paso Orthopaedic Surge- ry Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Robert Randolph Bell, , MD		Date of Receipt
Mailing Address El Paso Ortho 1755 Curie Ste B		03 03 2010
City El Paso	State Zip Code TX 79902-2920	Transaction ID: 31414768 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer El Paso Orthopaedic Surge- ry Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optio	nal)	1600.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. John S Jackson, , DO Mailing Address 4843 Olmos St			Date of Receipt 0 3 0 3 2 0 1 0
	City El Paso	State TX	Zip Code 79922-1751	Transaction ID: 31414769 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	79922-1751	300.00
	Name of Employer El Paso Orthopaedic Surge- ry Group Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. David Mansfield, , MD Mailing Address 5550 Cory Dr			Date of Receipt 0 3 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 31414770
	EI Paso FEC ID number of contributing federal political committee.	C	79932-3010	Amount of Each Receipt this Period 300.00
	Name of Employer El Paso Orthopaedic Surge- ry Group Receipt For: Primary General Other (specify) ▼		edic Surgeon • Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Barry L Cromer, , MD			Date of Receipt
	Mailing Address 1755 Curie Drive			03 03 2010
	City	State	Zip Code	Transaction ID: 31414771
	EI Paso FEC ID number of contributing federal political committee.	C	79902-2919	Amount of Each Receipt this Period 300.00
	Name of Employer El Paso Orthopaedic Surge- ry Group	 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 371 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Properties of the American Properties	Statements may not be sold or used by any peen name and address of any political committeer or any period of the properties of the pro	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Marcus Dickason, , MD Mailing Address El Paso Ortho 1755 Curie Ste B City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surgery Group Receipt For: Primary General Other (specify)	State Zip Code TX 79902-2920 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M D D D 2 2010 Transaction ID: 31414772 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Johan J Penninck, ,MD Mailing Address 1755 Curie Dr Ste B City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surgery Group Receipt For: Primary General Other (specify)	State Zip Code TX 79902-2920 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M O 3 O 3 2 0 1 0 Transaction ID: 31414773 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Michael L DiDonna, , MD Mailing Address 750 Via Mirada City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surgery Group Receipt For: Primary General Other (specify)	State Zip Code TX 79922-2152 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D M 2010 Transaction ID: 31414774 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) .		900.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Eric Everett Sides, , MD			Date of Receipt
Mailing Address 1720 Murchison			03 03 7 2010
City	State	Zip Code	Transaction ID: 31414775
El Paso	TX	79902-2921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer El Paso Orthopaedic Surge-	Occupation	n	7
ry Group	 · _ · _ · _ 	edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Craig Dunwody Cameron, , DO			Date of Receipt
Mailing Address 6500 La Posta Dr			03 03 2010
City	State	Zip Code	Transaction ID: 31414776
El Paso	TX	79912-7333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer El Paso Orthopaedic Surge-	Occupation	n edic Surgeon	
ry Group Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	550.00]
Full Name (Last, First, Middle Initial) Dr. Andrew J Palafox, , MD			Date of Receipt
Mailing Address 331 Crown Point Dr			03 03 2010
City	State	Zip Code	Transaction ID: 31414777
El Paso	TX	79912-4805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer El Paso Orthopaedic Surge-	Occupation	n edic Surgeon	
ry Group Receipt For:		Year-to-Date	\dashv
Primary General Other (specify) ▼	Aggregate	300.00]
SUBTOTAL of Receipts This Page (optional			900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Douglas R Phillips, , MD Mailing Address 811 13th St Ste 20 City Augusta FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code GA 30901-2771 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31414779 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey C Dick, , MD Mailing Address 7373 France Ave S City Edina FEC ID number of contributing federal political committee. Name of Employer Twin Cities Orthopaedics Receipt For:	Ste 312 State Zip Code MN 55435-4549 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Ronald Emilio Delanois, , MD Mailing Address Sinai Medical Off B 2401 West Belvede City Baltimore FEC ID number of contributing federal political committee.	State Zip Code MD 21215-5216	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optiona	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons	
Α.	Full Name (Last, First, Middle Initial) Dr. William G Mackenzie, , MD Mailing Address 1600 Rockland Rd	Dr. William G Mackenzie, , MD			
				03 / 03 / 2010	
	City <u>Wilmington</u>	State DE	Zip Code	Transaction ID: 31414785	
	FEC ID number of contributing federal political committee.	C	19803-3607	Amount of Each Receipt this Period 250.00	
	Name of Employer The Nemours Foundation	Occupation Orthopa	on edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) Dr. George Ray Williams, , MD	Date of Receipt			
	Mailing Address 1233 Wayne Gilmore Circle Ste 250-A			03 / 03 / 2010	
	City	State	Zip Code	Transaction ID: 31414786	
	<u>Opelousas</u>	LA	70570-6405	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation	on edic Surgeon		
	Receipt For:		e Year-to-Date		
	Primary General Other (specify) ▼		500.00		
С. С.	Full Name (Last, First, Middle Initial) Dr. Michael A Mont, , MD	1		Date of Receipt	
	Mailing Address Rubin Institute for Adv 2401 West Belvedere	Ave 5th FL	Zip Code	03 03 2010	
	City Baltimore	State MD	21215-5216	Transaction ID: 31414787 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		2000.00	
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00		
	SUBTOTAL of Receipts This Page (optional)			2750.00	
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Donald A Deinlein, , MD Mailing Address Faculty Tower 901		Date of Receipt
510 20th Street South		03 03 2010
City <u>Birmingha</u> m	State Zip Code AL 35294-0001	Transaction ID: 31414789
FEC ID number of contributing federal political committee.	C 33294-0001	Amount of Each Receipt this Period 250.00
Name of Employer Univ of Alabama Health Fo- undation	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Kevin Lynch, , MD Mailing Address 1 Church St 4th Fl	'	Date of Receipt
Mailing Address Church St 4th Fi		03 / 03 / 2010
City	State Zip Code CT 06510-3330	Transaction ID: 31414790
New Haven FEC ID number of contributing federal political committee.	CT 06510-3330	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Charles H Classen, Jr, MD	1	Date of Receipt
Mailing Address 2104 N Heritage St		03 03 7 2010
City	State Zip Code	Transaction ID: 31414791
Kinston	NC 28501-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional) .	·	1550.00
TOTAL This Period (last page this line number	r only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 371 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements mand and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surgeo	ons
. <u>_</u>	Full Name (Last, First, Middle Initial) Dr. Perry Lauren Savage, Jr, MD			Date of Receipt
	Mailing Address 52 Medical Park E D	03 / 03 / 2010		
	City	State	Zip Code	Transaction ID: 31414793
	Birmingham	AL	35235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4000.00
	Name of Employer AOSSMA	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		4000.00	
	Full Name (Last, First, Middle Initial) Rudolph A Buckley, , MD			Date of Receipt
	Mailing Address 1605 Sherman Dr			03 / 03 / 2010
	City	State	Zip Code	Transaction ID: 31414794
	Utica	NY	13501-5507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Hamilton Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
	Full Name (Last, First, Middle Initial) Dr. Vladimir A Alexander, , MD			Date of Receipt
	Mailing Address 12416 66th St			03 03 7 9 9 9
	City	State	Zip Code	Transaction ID: 31414795
	Largo	<u>FL</u>	33773-3437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Г				7000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Properties of the American Properties	Statements may not be sold or used by any personal personal personal properties of any political committee to be personal persona	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David S Feldman, , MD Mailing Address 8th FI 67 Irving PI No - 8th F City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10003-2253 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M O 3
Full Name (Last, First, Middle Initial) Dr. Michael Pierce Connair, , MD Mailing Address 12 Village St Ste 8 City North Haven FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CT 06473-3828 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31414797 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Benjamin Shaffer, , MD Mailing Address 4522 Lingan Way NW City Washington FEC ID number of contributing federal political committee. Name of Employer Washington Orthopaedics & Sports Med Receipt For: Primary General Other (specify)	State Zip Code DC 20007-2549 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243/3/1 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William H Spellman, , MD			Date of Receipt
Mailing Address Central Montgomer 1011 S Broad St	y Ortho		03 / 03 / 2010
City Lansdale	State PA	Zip Code 19446-5338	Transaction ID: 31414800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19440-3330	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David G Schwartz, , MD			Date of Receipt
Mailing Address 8450 Northwest Blv	03 03 2010		
City	State IN	Zip Code	Transaction ID: 31414801
Indianapolis FEC ID number of contributing federal political committee.	C	46278-1381	Amount of Each Receipt this Period 250.00
Name of Employer Ortholndy	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Hayden Boothby, , MD			Date of Receipt
Mailing Address 119 Hidden Lake Ra	anch Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31414802
Aledo FEC ID number of contributing federal political committee.	C	76008-4526	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona			1500.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 371 (check only one) X
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Tomasz W Borowiecki, , MD Mailing Address 49 Linden Ln City Springfield FEC ID number of contributing federal political committee. Name of Employer Springfield Clinic Receipt For: Primary General Other (specify)		Zip Code 62712-8965 on edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31414804 Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Dr. James K McKechnie, , MD Mailing Address 103 Professional Plz City Mattoon FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 61938-9252 on edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / 2 0 1 0 Transaction ID: 31414805 Amount of Each Receipt this Period 1000.00
_ С.	Full Name (Last, First, Middle Initial) Dr. William J Holt, , MD Mailing Address Quincy Medical Group 1025 Maine St City Quincy FEC ID number of contributing federal political committee. Name of Employer Quincy Medical Group Receipt For: Primary General Other (specify)		Zip Code 62301-4038 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31414806 Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	5 X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245/3/1 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may r sing the name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Associa	tion of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Daniel R Orcutt, , MD			Date of Receipt
Mailing Address 2008 Ballymead	e Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hampton	State GA	Zip Code 30228-3654	Transaction ID: 31414808
FEC ID number of contributing federal political committee.	C	30220-3034	Amount of Each Receipt this Period 500.00
Name of Employer Southern Orthopaedics	Occupation Self Emplo	pyed	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Erika Jasmin Mitchell, , MD Mailing Address MCE, South Tov	ver Ste 4200		Date of Receipt
City	State	Zip Code	03 03 2010
Nashville	TN	37232-0001	Transaction ID: 31414809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Vanderbilt Univ Medical Center	Occupation Orthopaed	lic Surgeon	
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. John A Bojescul, , MD			Date of Receipt
Mailing Address 2108 Wythe Dr			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31414811
Evans FEC ID number of contributing federal political committee.	GA C	30809-5476	Amount of Each Receipt this Period 500.00
Name of Employer US Army	Occupation Orthopaed	lic Surgeon	
Receipt For:		'ear-to-Date ▼	_
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (opti	onal)	_	1500.00

City State Zip Code KY 40741-6601 Transaction ID: 31414812 Amount of Each Receipt this Period FEC ID number of contributing C State Zip Code Transaction ID: 31414812 Amount of Each Receipt this Period Stopped	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 371 (check only one) X 11a	
Full Name (Last, First, Middle Initial) Dr. Patrice Beliveau, MD Malling Address 160 London Mountain View Dr City State Zip Code KY 40741-8601 FEC ID number of contributing federal political committee. Name of Employeer Outber (specify) ▼ Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hissing, MD Malling Address 8854 W Emerald St Ste 140 City State Zip Code ID 83704-4845 FEC ID number of contributing federal political committee. Name of Employeer Orthopaedic Associates Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hissing, MD Malling Address 8854 W Emerald St Ste 140 City State Zip Code Orthopaedic Associates Orthopaedic Associates Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hissing, MD Malling Address 140 Soarring Hawk Ln City State Zip Code Chartotte ity State Zip Code Chartotte City State Zip Code Chartotte City State Zip Code Chartotte City State Zip C	7	NAME OF COMMITTEE (In Full)			
Receipt For: Primary	∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Patrice Beliveau, , MD Mailing Address 160 London Mountain City London FEC ID number of contributing federal political committee.	View Dr State KY	Zip Code 40741-6601	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt Date of Receipt	_	Receipt For: Primary General Other (specify) ▼	Orthopa	edic Surgeon e Year-to-Date ▼ 500.00	
Boise ID 83704-4845 FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Page State Zip Code VT 05445-8800 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer University of Vermont Primary General Other (specify) ▼ Primary General Occupation Orthopaedic Surgeon Receipt For: PT Date of Receipt Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt this Period Transaction ID: 31414814 Amount of Each Receipt ID: 31414814 Amou	3.	Dr. Jeffrey Glenn Hessing, , MD	e 140		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John T Braun, MD Mailing Address 140 Soaring Hawk Ln City State Zip Code VT 05445-8800 FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 31414814 Amount of Each Receipt this Period 1000.00		City	State	Zip Code	Transaction ID: 31414813
Name of Employer Orthopaedic Associates		Boise	ID	83704-4845	Amount of Each Receipt this Period
Orthopaedic Associates Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John T Braun, , MD Mailing Address 140 Soaring Hawk Ln City State Zip Code Charlotte VT 05445-8800 FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00		federal political committee.			1000.00
Receipt For: Primary General 1000.00		Name of Employer Orthopaedic Associates			
Dr. John T Braun, , MD Mailing Address 140 Soaring Hawk Ln City State Zip Code Charlotte VT 05445-8800 FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General		e Year-to-Date ▼	
City Charlotte State Zip Code VT 05445-8800 FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Other (specify) ▼ Ostate Zip Code VT 05445-8800 Transaction ID: 31414814 Amount of Each Receipt this Period 1000.00	- ;.	Dr. John T Braun, , MD			<u> </u>
Charlotte VT 05445-8800 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Maining Address 140 Soarning Hawk Lit			
FEC ID number of contributing federal political committee. Name of Employer University of Vermont Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date 1000.00		•		•	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 1000.00		FEC ID number of contributing		03443-6800	
Primary General Other (specify) ▼ 1000.00		Name of Employer University of Vermont			
CURTOTAL of Passints This Page (astions))		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 371 (check only one) X
NAME OF COMMITTE	E (In Full)	nay not be sold or used by any pers address of any political committee to ociation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Dr. Norman L Cheung, , Mailing Address 895 City Fremont FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify)	Yakima Dr State CA ributing ee. C Occupa Orthop Aggreg.	Zip Code 94539-7208 tion paedic Surgeon ate Year-to-Date 1000.00	Date of Receipt M M M O 3 O 3 2 0 1 0 Transaction ID: 31414815 Amount of Each Receipt this Period 1000.00
	ger, , MD Lomas Blvd NE oodward Center State NM ributing ee. C Occupa Orthop Aggreg.	Zip Code 87102-2568 tion aedic Surgeon ate Year-to-Date ▼	Date of Receipt M M M O 3 O 3 2 0 1 0 Transaction ID: 31414816 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Dr. Robert L Shackleton, Mailing Address 463 City Marrero FEC ID number of confederal political commit Name of Employer Bone & Joint Clinic Receipt For: Primary Other (specify)	, MD 3 Wichers Dr State LA ributing ee. C Occupa Orthop Aggreg.	Zip Code 70072-3002 tion aedic Surgeon ate Year-to-Date ▼	Date of Receipt M M M O 3
SUBTOTAL of Receipts	This Page (optional)		2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personsing the name and address of any political committee to be American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Michael A Thorpe, , MD Mailing Address 2979 Squalicum City Bellingham FEC ID number of contributing federal political committee. Name of Employer Pacific Rim Orthopaedic Surgeons Receipt For: Primary General Other (specify)	Description of the property o	Date of Receipt 0 3 0 3 2 0 1 0 Transaction ID: 31414819 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Edward J Hellman, , MD Mailing Address Orthopaedics Ir 8450 Northwest City Indianapolis FEC ID number of contributing		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael Laurence Slutzker, , MD Mailing Address 4201 Torrance City Torrance FEC ID number of contributing federal political committee.	State Zip Code CA 90503-4529	Date of Receipt M M M O 3 O 3 O 3 O 2 O 1 O Transaction ID: 31414822 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	_ _]
SUBTOTAL of Receipts This Page (op	ional)	2500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 371 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Pull Name (Last, First, Middle Initial) Dr. Christopher C Schmidt, , MD Mailing Address 1307 Federal St			Date of Receipt
		Ctata	7:n Code	03 03 2010
	City <u>Pittsburgh</u>	State PA	Zip Code 1 <u>5</u> 212-4773	Transaction ID: 31414823 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Alleghany Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard P Lewallen, , MD Mailing Address 2900 12th Ave N Ste	100F		Date of Receipt
		03 03 2010		
	City Billings	State MT	Zip Code 59101-7504	Transaction ID: 31414825 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Ortho Montana	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. John M Diveris, , MD			Date of Receipt
	Mailing Address 333 W 89th Ave Ste	W-1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Merrillville	State IN	Zip Code 46410-7050	Transaction ID: 31414826 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40410-7030	1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		3250.00
t	TOTAL This Period (last page this line numbe			

ITEMIZED	RECEIPTS	Statemente me	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 371 (check only one) X 11a
or for commerc	ial purposes, other than using the COMMITTEE (In Full)	e name and ad	y not be sold or used by any pers dress of any political committee to iation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Last, First, Middle Initial)	7,0300	nation of Orthopassic Surge	
A. Steve A Pete	•	15		Date of Receipt
	10700 Tulio Tid Glo Go			03 03 2010
City Lutherville	1	State MD	Zip Code 21093-4598	Transaction ID: 31414827 Amount of Each Receipt this Period
FEC ID num	nber of contributing cal committee.	C	21030 4330	250.00
Name of Em Johns Hopk ter	nployer ins Medical Cen-	Occupatio Orthopae	on edic Surgeon	
Receipt For:		Aggregate	e Year-to-Date ▼ 250.00	
Dr. Gary Fer	Last, First, Middle Initial) guson, , MD ress 46 Nayatt Rd	1		Date of Receipt 0 3 0 3 2 0 1 0
City		State	Zip Code	Transaction ID: 31414829
Barrington	1	RI	02806-3326	Amount of Each Receipt this Period
	nber of contributing cal committee.	C		1000.00
	lithópaedics		edic Surgeon	
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 1000.00	
Dr. Jeffrey A	Last, First, Middle Initial) Bogosian, , MD ress 5230 Pacific Concours	Se Dr. #110		Date of Receipt
	- OLOG F domo Goriodan			03 03 2010
City <u>Los Angel</u>	es	State CA	Zip Code 90045-6258	Transaction ID: 31414832 Amount of Each Receipt this Period
FEC ID num	nber of contributing cal committee.	C		500.00
<u>tute</u>	nployer opaedic Insti-	, ' 	edic Surgeon	
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL o	f Receipts This Page (optional)	1		1750.00
TOTAL This F	Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person not the name and address of any political committee to a American Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Brent E Adamson, , MD Mailing Address PO Box 2168 City Kearney FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NE 68848-2168 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / 2 0 1 0 Transaction ID: 31414833 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Scott Snow Cooper, , MD Mailing Address 1101 Horsebarn F	500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rogers FEC ID number of contributing federal political committee. Name of Employer Ozark Ortho & Sports Med Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code AR 72758-8237 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID: 31414834 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. James M Donley, , MD Mailing Address 5002 Lago Dr City Madisonville FEC ID number of contributing federal political committee. Name of Employer Center for Orthopaedic Services Receipt For: Primary General Other (specify)	State Zip Code KY 42431-9435 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31414835 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optio	nal)	1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Roger W Timperlake, , MD Mailing Address 2001 Ocean Dr			Date of Receipt
				03 03 2010
	City Corpus Christi	State TX	Zip Code 78404-1868	Transaction ID: 31414836 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Monica Kogan, , MD Mailing Address 2533 Laurel Ln			Date of Receipt
				03 03 2010
	City Wilmette	State IL	Zip Code 60091-2229	Transaction ID: 31414837 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Midwest Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Scott L Sledge, , MD			Date of Receipt
	Mailing Address 155 E Sonterra Blvd S	Ste 211		03 03 2010
	City	State TX	Zip Code	Transaction ID: 31414838
	San Antonio FEC ID number of contributing federal political committee.	C	78258-3989	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1	1000.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 371 (check only one) X		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Kevin G Shea, , MD		Date of Receipt		
City <u>Boise</u>	State Zip Code ID 83702	Transaction ID: 31414839 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Gregg A Ferrero, , MD Mailing Address 7826 Legend Ct		Date of Receipt		
City La Plata	State Zip Code MD 20646-5668	Transaction ID: 31414840		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial) Dr. Riyaz H Jinnah, , MD		Date of Receipt		
Mailing Address Dept of Orthopaedi 4 Wat Hall Med Ctr	r Blvd	03 / 03 / 2010		
City Winston Salem	State Zip Code NC 27157-0001	Transaction ID: 31414841 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Wake Forest Univ Medical School	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (options	al)	3250.00		
TOTAL This Period (last page this line num	nber only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 371 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma le name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Saidi G Osman, , MD			Date of Receipt
	Mailing Address PO Box 57	Otata	7:- 0-4-	03 03 2010
	City Russellville	State AL	Zip Code 35653-0057	Transaction ID: 31414842
	FEC ID number of contributing federal political committee.	C	33035-0037	Amount of Each Receipt this Period 1000.00
	Name of Employer Russellville Musculoskele- tal	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey John Kovacic, , MD Mailing Address 7420 Craigleith Dr	1		Date of Receipt
	Maining Address 7420 Graigleith Di	03 03 2010		
	City	State	Zip Code	Transaction ID: 31414844
	<u>Duluth</u>	GA	30097-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Gregory M Hrasky, , MD			Date of Receipt
	Mailing Address PO Box 2767			03 / 04 / 2010
	City <u>Scottsdale</u>	State AZ	Zip Code 85252-2767	Transaction ID: 31414851
	FEC ID number of contributing federal political committee.	C	83232-2767	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
ļ	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. William H Warden, III, MD		Date of Receipt
Mailing Address 2760 Atlantic Ave	7.0.4	03 / 04 / 2010
City	State Zip Code	Transaction ID: 31414852
Long Beach FEC ID number of contributing federal political committee.	CA 90806-2755	Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Orthopaedic Surgical Group Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) Dr. Ravi S Bains, , MD Mailing Address 24 Hilldale Ct		Date of Receipt 0 3 0 4 2 0 1 0
City	State Zip Code	Transaction ID: 31414853
Orinda	CA 94563-3927	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen E Blythe, , MD		Date of Receipt
Mailing Address 1403 N Green Way	Dr	03 / 04 / 2010
City	State Zip Code	Transaction ID: 31414854
Coral Gables	FL 33134-4774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUPTOTAL of Possints This Page (entions)	2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any pers less of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Associa	tion of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Sidney N Martin, , MD			Date of Receipt
	Mailing Address 7041 Linden Rd			03 / 04 / 2010
	City	State	Zip Code	Transaction ID: 31414855
	Fenton	MI	48430-9324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Mark E Carlson, , MD			Date of Receipt
	Mailing Address 1848 Daimler Rd			03 / 04 / 2010
	City	State	Zip Code	Transaction ID: 31414856
	Rockford	<u> </u>	61112-1019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Douglas A Dennis, , MD			Date of Receipt
	Mailing Address 2535 S Downing St S	Ste 100		03 04 2010
	City	State	Zip Code	Transaction ID: 31414857
	<u>Denver</u>	CO	80210-5848	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Porter Adventist Hospital	Occupation Orthopaed	dic Surgeon	
	Receipt For:	Aggregate `	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	2000.00	
Г		1		4000.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In	Full)	ay not be sold or used by any persoldress of any political committee to siation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee. Ons
Full Name (Last, First, Middl Dr. Dennis M Brown, , MD Mailing Address 1774 Ky City Dayton FEC ID number of contributi federal political committee. Name of Employer Montgomery Orthopedic Sur geons Receipt For: Primary Gene Other (specify)	State OH Occupation Orthopa Aggregat	Zip Code 45459-1465 on edic Surgeon e Year-to-Date ▼ 300.00	Date of Receipt 0 3
Full Name (Last, First, Middl Dr. Scott A Smith, , MD Mailing Address 4700 Se St 200 City Austin FEC ID number of contributi federal political committee. Name of Employer Texas Orthopaedic Sports &	State TX Occupatio	Zip Code 78759-5295	Date of Receipt O 3 O 4 O 4 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1
Rehab Receipt For: Primary Other (specify) Full Name (Last, First, Middl Dr. Kenneth A Egol, , MD Mailing Address 301 E 1	e Initial)	e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributi federal political committee.	C	Zip Code 10003-3804	Transaction ID: 31414860 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary Gene Other (specify) ▼	Aggregat	edic Surgeon e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This I	I Page (optional))	800.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Suppose	e name and add	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Daniel C Farber, , MD Mailing Address 2200 Kernan Dr			Date of Receipt
	City	State	Zip Code	0 3 0 4 2 0 1 0 Transaction ID: 31414861
	Baltimore FEC ID number of contributing federal political committee.	C	21207-6665	Amount of Each Receipt this Period 250.00
	Name of Employer Univ of Maryland School of Medicine Receipt For: Primary General Other (specify) ▼	- '	n edic Surgeon e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Dr. Daniel Hal Silcox, III, MD Mailing Address 2001 Peachtree Rd			Date of Receipt 0 3 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 31414862
	Atlanta FEC ID number of contributing federal political committee.	GA C	30309-1476	Amount of Each Receipt this Period 500.00
	Name of Employer Peachtree Ortho Clinic Receipt For: Primary General		edic Surgeon • Year-to-Date ▼	
_	Other (specify) ▼	0 0	500.00	
) .	Full Name (Last, First, Middle Initial) Dr. Stephen W Ripple, , MD Mailing Address 5605 W Eugie Ste 11 Steve	1		Date of Receipt 0 3 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 31414863
	Glendale FEC ID number of contributing federal political committee.	C	85304-1273	Amount of Each Receipt this Period 250.00
	Name of Employer Phoenix Orthopedic Consultants PC		edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	1		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	Political Action Committee of the Amer	rican Assoc	iation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Preston M Wolin, , MD	iaina		Date of Receipt		
		Mailing Address Center for Athletic Medicine 830 W Diversey Pkwy Ste 300				
	City	State	Zip Code	Transaction ID: 31414864		
	Chicago	IL	60614-1454	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD			Date of Receipt		
	Mailing Address Duke Health Ctr Ortho 3116 N Duke St	01-1-	7's Oads	03 / 04 / 2010		
	City State Durham NC		Zip Code 27704-2102	Transaction ID: 31414866 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	277072702	250.00		
	Name of Employer Duke University	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
C.	Full Name (Last, First, Middle Initial) Dr. Mark Wesley Hanna, , MD			Date of Receipt		
	Mailing Address 3951 Wieuca Rd			03 / 04 / 2010		
	City Atlanta	State GA	Zip Code 30342-4328	Transaction ID: 31414867 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	00042 4020	500.00		
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
	SUBTOTAL of Receipts This Page (optional)			1000.00		
	TOTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 / 371 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	erican Association of Orthopaedic Surgeo	ons	
Full Name (Last, First, Middle Initial) Dr. Raj D Rao, , MD Mailing Address Medical College of W	isconsin	Date of Receipt	
9200 W Wisconsin A	ve	03 04 2010	
City	State Zip Code	Transaction ID: 31414868	
Milwaukee	WI 53226-3522	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer Medical College of Wiscon- sin	Occupation Orthopaedic Surgeon	7	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Dr. Stephen L Malone, , MD		Date of Receipt	
	ailing Address 260 Beiser Blvd Ste 101		
City	State Zip Code	Transaction ID: 31414869	
Dover	DE 19904-7790	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer The Orthopaedic Spine Cen- ter	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Jose A Rodriguez, , MD		Date of Receipt	
Mailing Address 130 E 77th St 11th Fl		03 04 7 2010	
City	State Zip Code	Transaction ID: 31414870	
New York	NY 10075-1851	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer New York Orthopaedic Spec- ialists	Occupation Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
SUBTOTAL of Receipts This Page (optional)		1750.00	
TOTAL This Period (last page this line number	·		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 371 (check only one) X 11a
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Stephen M McCollam, , MD Mailing Address 2001 Peachtree		Date of Receipt
City	State Zip Code	0 3 0 4 2 0 1 0 Transaction ID: 31414871
Atlanta FEC ID number of contributing federal political committee.	GA 30309-1476	Amount of Each Receipt this Period 1000.00
Name of Employer Peachtree Orthopaedic Cli- nic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael Shay Womack, , MD Mailing Address 440 Oakmont C	ircle	Date of Receipt 0 3 0 4 2 0 1 0
City	State Zip Code	Transaction ID: 31414873
Marietta FEC ID number of contributing federal political committee.	GA 30067-4820	Amount of Each Receipt this Period 500.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew R Bishop, , MD Mailing Address 6488 Old Goose	e Creek Rd	Date of Receipt
City	State Zip Code	0 3 0 4 2 0 1 0 Transaction ID: 31414874
Middleburg	VA 20117-5327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	ional)	2000.00

Γ	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and ad	dress of any political committee to	o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	Herican Assoc	Tation of Orthopaedic Surget	лі s
۵.	Dr. Paul Victor Spiegl, , MD Mailing Address Ste 825	Date of Receipt		
	5673 Peachtree Dun	03 04 2010		
	City	State	Zip Code	Transaction ID: 31414875
	Atlanta	GA	30342-1771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	1
_ 3.	Full Name (Last, First, Middle Initial) Dr. Robert J Cirincione, , MD			Date of Receipt
	Mailing Address Midatlantic Ortho Specialists 1120 A Professional Ct			03 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 31414876		
	Hagerstown FEC ID number of contributing federal political committee.	C	21740-5848	Amount of Each Receipt this Period 250.00
	Name of Employer Midatlantic Orthopaedic Specialists Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	250.00	
-).	Full Name (Last, First, Middle Initial) Dr. Mark C Remington, , MD			Date of Receipt
	Mailing Address 4011 Talbot Rd Sou	th Ste 300		03 04 2010
	City	State	Zip Code	Transaction ID: 31414877
	Renton	WA	98055-5791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Orthopaedic Associ- ates	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional	<u> </u>		1750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 263 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons		
Δ A .	Full Name (Last, First, Middle Initial) Dr. A Lee Hunter, Jr, MD			Date of Receipt		
	Mailing Address 1050 N Jms Campbel	Mailing Address 1050 N Jms Campbell Blvd #200				
	Columbia	State TN	Zip Code	Transaction ID: 31414878		
	Columbia EEC ID number of contributing		38401-2754	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
- В.	Full Name (Last, First, Middle Initial) Dr. Tarsem Garg, , MD			Date of Receipt		
	Mailing Address 1929 E High St	0 3 0 4 2 0 1 0				
	City State		Zip Code	Transaction ID: 31414879		
	Springfield	OH	45505-1227	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupatio	n edic Surgeon			
	Receipt For:	, '	e Year-to-Date			
	Primary General	00 0	500.00	1		
	Other (specify)	0 0	300.00			
C.	Full Name (Last, First, Middle Initial) Dr. T Clark Robinson, , MD			Date of Receipt		
	Mailing Address PO Box 1942			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: 31414881		
	Nampa	ID	83653-1942	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Saltzer Medical Group	Occupatio Orthopae	n edic Surgeon			
	Receipt For:	, '	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00	1		
-	Saio (Spooliy)	0 0	0 0 0 0 0 0 0	1		
	SUBTOTAL of Receipts This Page (optional) .		··················	1750.00		
	TOTAL This Period (last page this line number	r only)	>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 / 371 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Full Name (Last, First, Middle Initial) Dr. Adolph V Lombardi, Jr, MD Mailing Address 7277 Smith's Mill Rd City New Albany FEC ID number of contributing federal political committee.	Ste 200 State OH	Zip Code 43054-8195	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31414882 Amount of Each Receipt this Period 1000.00
Name of Employer Joint Implant Surgeons, Inc Receipt For: ☐ Primary ☐ General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD Mailing Address 103 W Saint Clair St			Date of Receipt 0 3 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: 31414883
Warren FEC ID number of contributing federal political committee.	C	16365-2197	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Peter Tomasello, , DO			Date of Receipt
Mailing Address 1724 E Hallandale Be	each Blvd		03 04 2010
City	State	Zip Code	Transaction ID: 31414884
Hallandale Beach FEC ID number of contributing federal political committee.	C	33009-4611	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		2500.00

FOR LINE NUMBER: PAGE 265 / 371 (check only one) X
or the purpose of soliciting contributions licit contributions from such committee.
;
Date of Receipt
0 3 0 4 2 0 1 0 Transaction ID: 31414885
Amount of Each Receipt this Period
300.00
Date of Receipt
03 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Transaction ID: 31414886
Amount of Each Receipt this Period
500.00
Date of Receipt
03 15 2010
Transaction ID: 31468313
Amount of Each Receipt this Period
500.00
1300.00

Any information copied from such Reports and Statements may not be sold or or for commercial purposes, other than using the name and address of any poly NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orth Full Name (Last, First, Middle Initial) Dr. Mark P Madden, , MD Mailing Address Commonwealth Orthopaedics 1850 Town Center Pkwy Ste 400 City State Zip Code Reston VA 20190-32 FEC ID number of contributing federal political committee. Name of Employer Commonwealth Orthopaedics Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD Mailing Address 11 Cherry Ln City State Zip Code Bedford NH 03110-43 FEC ID number of contributing federal political committee. C Name of Employer NH Orthopaedic Center Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing federal political committee.	Date of Receipt M M
Mailing Address Commonwealth Orthopaedics 1850 Town Center Pkwy Ste 400 City State Zip Code Reston VA 20190-32 FEC ID number of contributing federal political committee. Name of Employer Commonwealth Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Marc J Michaud., MD Mailing Address 11 Cherry Ln City State Zip Code NH 03110-43 FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing	Transaction ID: 31468314 Amount of Each Receipt this Period
Reston FEC ID number of contributing federal political committee. Name of Employer Commonwealth Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD Mailing Address 11 Cherry Ln City State Zip Code Bedford NH 03110-43 FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code IN 46280-13 FEC ID number of contributing	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Commonwealth Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD Mailing Address 11 Cherry Ln City State Zip Code Bedford NH 03110-43 FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center NH Orthopaedic Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code IN 46280-13 FEC ID number of contributing	
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Bedford FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis FEC ID number of contributing	Date of Receipt O 3
Bedford FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis FEC ID number of contributing	Transaction ID: 31468315
FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis FEC ID number of contributing	
NH Orthopaedic Center Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary W Misamore, , MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing	
Dr. Gary W Misamore, MD Mailing Address 201 Pennsylvania Pkwy Ste 235 City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing	250.00
City State Zip Code Indianapolis IN 46280-13 FEC ID number of contributing	0 0 0
Indianapolis IN 46280-13 FEC ID number of contributing	Date of Receipt
FEC ID number of contributing	03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	0 3 1 5 2 0 1 0 Transaction ID: 31468318
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Methodist Sports Medicine Center Occupation Orthopaedic Surgeon	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Transaction ID: 31468318 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Transaction ID: 31468318 Amount of Each Receipt this Period 250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26//3/1 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
Political Action Committee of the A	merican Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Clark P Searle, , MD			Date of Receipt
Mailing Address N5390 Rancho Viej	јо на		03 / 15 / Y Y Y Y Y
City Fond Du Lac	State WI	Zip Code 54937-9373	Transaction ID: 31468319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Fond Du Lac Regional Clin- ic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Denny Carter, , MD			Date of Receipt
Mailing Address 102 Cumberland Is			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State GA	Zip Code	Transaction ID: 31468322
Brunswick FEC ID number of contributing federal political committee.	C	31520-4427	Amount of Each Receipt this Period 500.00
Name of Employer Southeast Georgia Health System	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert M O'Hollaren, , MD	I		Date of Receipt
Mailing Address 3525 Loma Vista R	ld		0 3 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 31468324
Ventura FEC ID number of contributing federal political committee.	CA	93003-3101	Amount of Each Receipt this Period 500.00
Name of Employer Ventura Ortho & Sports Me- dical Group,		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional			2000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to e American Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. J Randy Gipple, , MD Mailing Address 2195 N Hill Rd City Muscatine FEC ID number of contributing federal political committee. Name of Employer Unity Clinics Receipt For: Primary General Other (specify)	State Zip Code IA 52761-9399 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31468325 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Steven J Bruce, , MD Mailing Address 3015 Squalicum City Bellingham	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer St Joseph Hospital Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Leon P Mead, , MD Mailing Address 730 Goodlette F City Naples FEC ID number of contributing federal political committee.	State Zip Code FL 34102-5618	Date of Receipt M M M / D D / Y Y Y Y Y O 3 15 2010 Transaction ID: 31468329 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (opt	ional)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stuart D Katchis, , MD Mailing Address 130 E 77th St 12th FI Black Hall			Date of Receipt 0 3 1 5 2 0 1 0
City New York	State NY	Zip Code 10075-1851	Transaction ID: 31468331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Dennis M Sullivan, , MD Mailing Address Attn: Berni Kowalski 1218 W Kilbourn Ave	e Ste 301		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31468332
Milwaukee	WI	53233-1325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Milwaukee Orthopaedic Gro- up		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Mark W Hollmann, , MD	'		Date of Receipt
Mailing Address 740 W Plymouth Ave			03 / 15 / 2010
City Deland	State FL	Zip Code	Transaction ID: 31468333
FEC ID number of contributing federal political committee.	C	32720-3282	Amount of Each Receipt this Period 250.00
Name of Employer Florida Orthopaedic Assoc- iates		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	1		1250.00

City Webster TX 77598-4229 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. John Lee Hemmer, Jr, MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code Gainesville GA 30501-3861 FEC ID number of contributing federal political committee. C Seceipt For: Primary General Orthopaedic Surgeon Receipt For: Primary General Orthopaedic Surgeon	ITEMIZED R		omonte may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 / 371 (check only one) X
A. Dr. lan John Reynolds, MD Mailling Address 450 Med Ctr Blvd Ste 206 City State Zip Code Webster TX 77598-4229 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John Lee Hemmer, Jr. MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code Gainesville GA 30501-3861 FEC ID number of contributing federal political committee. C Name of Employer Specially Clines Orthopa- adds. Specially Clines Orthopa- doctors City State Zip Code Special Spe	or for commercial p	ourposes, other than using the nar MMITTEE (In Full)	me and add	lress of any political committee to	o solicit contributions from such committee.
City Webster TX 77598-4229 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employed Orthopaedic Surgeon Orthopaedic Surgeo	A. Dr. lan John Rey	nolds, , MD	6		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Orthopaedic Surgeon Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City Gainesville FEC ID number of contributing federal political committee. Name of Employer Specially Clinics Orthopaedic Surgeon	City		State	Zip Code	
Name of Employed Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 31496619 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496618 Amount of Each Receipt this Period Date of Receipt Transaction ID: 31496618 Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496618 Transaction ID: 31496618 Amount of Each Receipt this Period Date of Receipt Transaction ID: 31496619 Transaction ID: 31496619 Transaction ID: 31496619 Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt Transaction ID: 31496619 Transaction ID: 31496619 Transaction ID: 31496619 Transaction ID: 31496618 Transaction ID: 314966	Webster		TX	77598-4229	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date ▼			C		1000.00
Primary Other (specify) ▼ 1000.00 Primary Other (specify) ▼ 1000.00 Primary Other (specify) ▼ 1000.00 Pull Name (Last, First, Middle Initial) Dr. John Lee Hemmer, Jr. MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code GA 30501-3861 Transaction ID: 31496618 Amount of Each Receipt this Period	Name of Employed	yer			
Dr. John Lee Hemmer, Jr. MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code Gainesville GA 30501-3861 FEC ID number of contributing federal political committee. Name of Employer Specialty Clinics Orthopaedics Surgeon Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) City State Zip Code Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496618 Amount of Each Receipt this Period Transaction ID: 31496619 Date of Receipt Transaction ID: 31496618 Date of Receipt Transaction ID: 31496619 Date of Receipt Transaction ID: 31496619 Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt this Period Transaction ID: 31496619 Amount of Each Receipt Transaction ID: 31496619 Amount of Each	Primary		Aggregate		
City State Zip Code GA 30501-3861 FEC ID number of contributing federal political committee. C	B. Dr. John Lee Her	mmer, Jr, MD	SE Ste 30	0	M M / D D / Y Y Y Y
Gainesville GA 30501-3861 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Specialty Clinics Orthopaedics GC Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey K Evans, MD Mailing Address 7001 Rogers Ave Ste 601 City State Zip Code Fort Smith AR 72903-4073 FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	City		State	Zip Code	
Name of Employer Specialty Clinics Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey K Evans, , MD Mailing Address 7001 Rogers Ave Ste 601 City State Zip Code Fort Smith AR 72903-4073 FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: 31496619 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date ▼ 1000.00	<u>Gainesville</u>		GA	30501-3861	
Specialty Clinics Orthopaedics Receipt For: Primary General Other (specify) ▼			C		1000.00
Date of Receipt Mailing Address 7001 Rogers Ave Ste 601 City State Zip Code Fort Smith AR 72903-4073 FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 31496619 Amount of Each Receipt this Period 1000.00	edics Receipt For: Primary	S Orthopa-	Orthopae	dic Surgeon Year-to-Date ▼	
City State Zip Code Fort Smith AR 72903-4073 FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ State Zip Code AR 72903-4073 C C 1000.00	Dr. Jeffrey K Eva	ns, , MD			M M / D D / Y Y Y Y
Fort Smith AR 72903-4073 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	City		Stato	Zin Codo	
FEC ID number of contributing federal political committee. Name of Employer Cooper Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	•			•	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	FEC ID number				1000.00
Primary General Other (specify) ▼ 1000.00	Name of Employ Cooper Clinic	yer	•		
2000.00	Primary		Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Re	eceipts This Page (optional)			3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 / 371 (check only one) X
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Eric Wall, , MD			Date of Receipt
	Mailing Address 3333 Burnet Ave MLC			03 / 16 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31496620
	Cincinnati	OH	45229-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cincinnati Children's Hos- pital	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13111	500.00	
	Full Name (Last, First, Middle Initial) Dr. Christian T Andersen, , MD	1		Date of Receipt
	Mailing Address 92 Montvale Ave Ste	1400		03 / 16 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 31496621
	Stoneham	MA	02180-3601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Surgery Insti-	Occupatio		
	tute Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Aggregate	e Year-Io-Date ▼	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Allen A Deutsch, , MD			Date of Receipt
	Mailing Address 4516 Oleander St			03 16 2010
	City	State	Zip Code	Transaction ID: 31496622
	Bellaire	TX	77401-5119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kelsey Seybold Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	UBTOTAL of Receipts This Page (optional) .			2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Joseph A Suarez, , MD Mailing Address 3311 Hylan Blvd City Staten Island FEC ID number of contributing federal political committee. Name of Employer Health Care Associates Receipt For: Primary General Other (specify)	State Zip Code NY 10306-3688 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 6 20 1 0 Transaction ID: 31496623 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. David John Gandy, , MD Mailing Address 971 Lakeland Dr St City Jackson FEC ID number of contributing federal political committee. Name of Employer Jackson Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code MS 39216-4608 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mukund R Patel, , MD Mailing Address 4901 Fort Hamiltor City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NY 11219-3345 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31496626 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (options	al)	2000.00

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 273 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other t	nan using the name and add	rnot be sold or used by any persorders of any political committee to attion of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ir Dr. Ken Yamaguchi, , MD Mailing Address Dept of Ort	,	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
2 200.0.0.	on Ste 11300		03 16 2010
City	State	Zip Code	Transaction ID: 31496627
Saint Louis FEC ID number of contributing federal political committee.	C	63110	Amount of Each Receipt this Period 1000.00
Name of Employer Washington University School of Medici Receipt For: □ Primary □ General □ Other (specify) ▼		edic Surgeon Year-to-Date 1000.00	
Full Name (Last, First, Middle Ir Dr. Kenneth Paul Sanders, , MD Mailing Address 107 Settler	,		Date of Receipt 0 3 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: 31496628
<u>Naperville</u>	IL	60565-5438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer DuPage Medical Group	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Ir Dr. Robert A Wainer, , MD	tial)		Date of Receipt
Mailing Address 1130 N Ch	rch St Ste 100		03 16 2010
City	State	Zip Code	Transaction ID: 31496629
Greensboro	NC NC	27401-1041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southeastern Orthopaedic Specialists		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pag	4 11 10		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 274 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John Cunningham Brothers, , MD Mailing Address 621 Woodleigh Dr City Nashville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TN 37215-1126 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31496630 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) David W Polly, Jr, MD Mailing Address 2450 Riverside Ave City Minneapolis FEC ID number of contributing federal political committee. Name of Employer University of Minnesota Receipt For: Primary General Other (specify)	State Zip Code MN 55454-1450 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt 0 3
Full Name (Last, First, Middle Initial) Dr. Kenneth N Adatto, , MD Mailing Address Orleans Ortho Asso 3715 Prytania St St City New Orleans FEC ID number of contributing federal political committee. Name of Employer Orleans Orthopaedic Associates Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31496632 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional	J)	2500.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBEI (check only one) X 11a 11b 13 14	R: PAGE 275/371 11c 12 15 16 11
NAME OF CO	MMITTEE (In Full)		y not be sold or used by any persodress of any political committee to	on for the purpose of so solicit contributions fro	
Full Name (Las Dr. Walter R Sh Mailing Addres City Jackson	t, First, Middle Initial) elton, , MD s 1325 E Fortification St	State MS	Zip Code 39202-2442	Date of Receipt 0 3 1 Transaction ID:	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emplo Mississippi Sp opaedics Receipt For: Primary Other (sp	General		n edic Surgeon e Year-to-Date ▼ 1000.00		
Dr. Mark A Snyo	t, First, Middle Initial) ler, , MD s 4701 Creek Rd Ste 110)			D / Y Y Y Y Y Y A A A A A A A A A A A A A
City		State	Zip Code	Transaction ID:	
<u>Cincinnati</u>		OH	45242-8398		Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C			2000.00
Name of Emplo Wellington Ort	oyer nopaedics	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary Other (sp	General eccify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]	
Dr. John H Fairb	t, First, Middle Initial) panks, Jr, MD s 107 Front St Ste 230			Date of Receipt	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID:	31496636
Vidalia		LA	71373-2836	Amount of Each	Receipt this Period
FEC ID numbe federal political	r of contributing committee.	С			500.00
Name of Employed	pyer		edic Surgeon		
Receipt For: Primary Other (sp	General eccify) ▼	Aggregate	e Year-to-Date ▼ 500.00]	
SUBTOTAL of R	eceipts This Page (optional)				3500.00
TOTAL This Per	od (last page this line number	only)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 276 / 371 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Harry Schmaltz, , MD Mailing Address 334 Main St Ste 1			Date of Receipt 0 3 1 6 2 0 1 0
City <u>Dickson City</u> FEC ID number of contributing federal political committee.	State PA	Zip Code 18519-1668	Transaction ID: 31496637 Amount of Each Receipt this Period 1000.00
Name of Employer Scranton Orthopaedic Specialists Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n edic Surgeon Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. Robert Louis Morrow, Jr, MD Mailing Address 317 Woodbluff Dr	<u> </u>		Date of Receipt 0 3 1 6 2 0 1 0
City <u>Lafayette</u> FEC ID number of contributing	State LA	Zip Code 70503-4449	Transaction ID: 31496638 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date 300.00	300.00
Full Name (Last, First, Middle Initial) Dr. Ahamed Mohaideen, , MD Mailing Address PO Box 32367			Date of Receipt 0 3 1 6 2 0 1 0
City Palm Beach Gardens FEC ID number of contributing federal political committee.	State FL	Zip Code 33420-2367	Transaction ID: 31496639 Amount of Each Receipt this Period 500.00
Name of Employer Southwest Sports Medicine Receipt For:	 	edic Surgeon	
Primary General Other (specify) ▼	33 3340	500.00	
SUBTOTAL of Receipts This Page (optional)		1800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 277 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Russell E Windsor, , MD			Date of Receipt
	Mailing Address 535 E 70th St			03 / 00 / 4 2010
	City New York	State NY	Zip Code 10021-4823	Transaction ID: 31496640 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Warren G Kramer, III, MD			Date of Receipt
	Mailing Address 1401 Avocado Ave S	03 16 2010		
	City	State	Zip Code	Transaction ID: 31496643
	Newport Beach	CA	92660-8732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Larry Michael Carroll, , MD	Date of Receipt		
	Mailing Address 500 Campus Dr			03 16 2010
	City Hancock	State MI	Zip Code	Transaction ID: 31496644
	FEC ID number of contributing federal political committee.	C	49930-1569	Amount of Each Receipt this Period 535.00
	Name of Employer Portage Health Occupation Orthopaedic St			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 535.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		2035.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2/8/3/1 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Christian P Christensen, , MD			Date of Receipt
Mailing Address 700 Bob-O-Link Dr	03 16 2010		
City	State	Zip Code	Transaction ID: 31496645
Lexington FEC ID number of contributing federal political committee.	C	40504	Amount of Each Receipt this Period 1000.00
Name of Employer Lexington Clinic	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. James R Rappaport, , MD			Date of Receipt
Mailing Address 6630 S McCarran Bldg 4 Ste A			03 16 2010
City Reno	State NV	Zip Code 89509-6145	Transaction ID: 31496646 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000 0140	1000.00
Name of Employer Sierra Regional Spine Ins- titute	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Charles Phillip Dahl, , MD			Date of Receipt
Mailing Address 310 N 9th St PO Box 1397			03 16 2010
City Bismarck	State ND	Zip Code 58501-4515	Transaction ID: 31496647
FEC ID number of contributing federal political committee.	C	3630174313	Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Center	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
			2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Lawrence V Page, , DO		Date of Receipt		
Mailing Address 121 Cahill Rd Si		03 / 16 / Y Y Y Y Y		
City Branson	State Zip Code MO 65616-1911	Transaction ID: 31496648		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00		
Name of Employer Skaggs Medical Center	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. David L Waxman, , MD Mailing Address 600 Davisson R	un Rd Sto 102	Date of Receipt		
City Clarksburg	State Zip Code WV 26301-9307	Transaction ID: 31496649		
FEC ID number of contributing federal political committee.	C 25301-5307	Amount of Each Receipt this Period 250.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Carlos J Fraga, , MD		Date of Receipt		
Mailing Address B1 Calle Santa	Cruz St Ste 507	03 / 16 / Y Y Y Y Y		
City	State Zip Code	Transaction ID: 31496651		
Bayamon FEC ID number of contributing federal political committee.	PR 00961-6946	Amount of Each Receipt this Period 500.00		
Name of Employer San Pablo Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (opt	ional)	1250.00		
	number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Kurtis Kowalski, , MD			Date of Receipt
	Mailing Address 221 Chip N Dale Dr			03 / 16 / 2010
	City Clarksville	State TN	Zip Code 37043-4560	Transaction ID: 31496652 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Daniel Paul Mass, , MD			Date of Receipt
	Mailing Address 5841 S Maryland MC3079			03 16 2010
	City Chicago	State IL	Zip Code	Transaction ID: 31496653
	FEC ID number of contributing federal political committee.	C	60637-1447	Amount of Each Receipt this Period 1000.00
	Name of Employer University of Chicago	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 D.	Full Name (Last, First, Middle Initial) Terry David Amaral, , MD			Date of Receipt
	Mailing Address 3400 Bainbridge Ave	6th Fl		0 3 1 6 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31496654
	Bronx FEC ID number of contributing federal political committee.	C	10467-2404	Amount of Each Receipt this Period 250.00
	Name of Employer Montefiore Medical Center	Occupation Orthopas	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person the name and address of any political committee to the name and Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Thomas R Lyon, , MD Mailing Address 150 55th St Rm 482 City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 11220-2559 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31496656 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Joffrey G Thompson, , MD Mailing Address 702 Reeves Dr City Grand Forks FEC ID number of contributing federal political committee. Name of Employer Valley Bone & Joint Clinic Receipt For: Primary General Other (specify)	State Zip Code ND 58201-4920 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 16 2010 Transaction ID: 31496657 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Wayne Anthony Johnson, , MD Mailing Address 904 SW 38th St City Lawton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OK 73505-7021 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 6 2 2 0 1 0 Transaction ID: 31496658 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Jose Antonio Ortiz, Jr, MD Mailing Address 1400 Bellinger St City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Luther Clinic Receipt For: Primary General Other (specify)	State Zip Code WI 54703-5222 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31496659 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. John N Hall, , MD Mailing Address Atlantic Coast Orth 414 Albemarle Sq City Charlottesville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code VA 22901-7400 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 6 2 0 1 0 Transaction ID: 31496660 Amount of Each Receipt this Period 1200.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wade P McAlister, , MD Mailing Address 4899 Montrose Blv City Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	d #1206 State Zip Code TX 77006-6168 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (option	500.00	1950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 283 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. Richard M Dix, , MD Mailing Address PO Box 50129 City Henderson FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary Other (specify)	State Zip Code NV 89016-0129 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y O 3 1 6 2 0 1 0 Transaction ID: 31501559 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. James B Manning, , MD Mailing Address 2680 Crimson Canyo City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Specialists Receipt For: Primary General Other (specify)	n Dr State Zip Code NV 89128-0841 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Arnold Abraham Yashar, , MD Mailing Address 5531 Taft Ave City La Jolla FEC ID number of contributing federal political committee. Name of Employer Southern California Permanente Medical Receipt For: Primary General Other (specify)	State Zip Code CA 92037-7643 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	· 	1500.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 284 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and add	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Robert H Sandmeier, , MD			Date of Receipt
-	Mailing Address 2038 NW 127th PI			03 16 2010
	City <u>Portland</u>	State OR	Zip Code 97229-8552	Transaction ID: 31501564 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Portland Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Torin J Cunningham, , MD Mailing Address 488 E Ocean Blvd #3	316		Date of Receipt 0 3 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 31501566
	Long Beach FEC ID number of contributing federal political committee.	CA	90802-4765	Amount of Each Receipt this Period 250.00
	Name of Employer Pediatric Ortho Specialty Ctr Receipt For: Primary General Other (specify) ▼		e Year-to-Date 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Brian E Kozar, , MD Mailing Address PO Box 975			Date of Receipt 0 3 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 31501568
	Zachary FEC ID number of contributing federal political committee.	C	70791-0975	Amount of Each Receipt this Period 250.00
	Name of Employer Zachary Orthopaedic Care Center		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 / 371 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Properties of the A	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Herbert J Louis, , MD Mailing Address 5070 N 40th St Ste 13 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code AZ 85018-2193 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Michael Paul Chapman, , MD Mailing Address 1500 Associates Dr City Dubuque FEC ID number of contributing federal political committee. Name of Employer Medical Associates of Dubuque Receipt For: Primary General Other (specify)	State Zip Code IA 52002-2201 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. D Lancy Allyn, , MD Mailing Address 470 Greenfield Ave State City Hanford FEC ID number of contributing federal political committee. Name of Employer Certified Medical Group Receipt For: Primary General Other (specify)	State Zip Code CA 93230-3578 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31501573 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) .		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 286 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jon Michael Ellis, , MD Mailing Address 15020 Sendero Ln City Woodway FEC ID number of contributing federal political committee. Name of Employer Southwest Sports Med & Ortho Receipt For: Primary General	State Zip Code TX 76712-7570 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric C Hanson, , MD Mailing Address 1630 E Herndon Av	e Ste 202	Date of Receipt M
City Fresno FEC ID number of contributing federal political committee. Name of Employer Sierra Pacific Ortho & Spine Ctr Receipt For: Primary General	State Zip Code CA 93720-3305 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Transaction ID: 31501576 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jon T Abbott, , MD Mailing Address 7925 N Oracle Ste		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tucson FEC ID number of contributing federal political committee.	State Zip Code AZ 85704-6316 C	Transaction ID: 31501578 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l) >	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 287 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Matthew C Reckmeyer, , MD Mailing Address Lincoln Ortho Ctr PO Box 6939 City Lincoln FEC ID number of contributing federal political committee. Name of Employer Lincoln Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code NE 68506-0939 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 16 2010 Transaction ID: 31501579 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Richard J Patterson, , MD Mailing Address Bone and Joint Sp 190 Campus Blvd City Winchester FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Specialists of Winchester Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 6 2 0 1 0 Transaction ID: 31501581 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Scott Duane Anseth, , MD Mailing Address 3250 W 66th St St City Edina FEC ID number of contributing federal political committee. Name of Employer Twin Cities Orthopaedics Receipt For: Primary General Other (specify)	e 100 State Zip Code MN 55435-2500 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	2500.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 288/3/1 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Lisa L Lattanza, , MD			Date of Receipt
Mailing Address 176 Duncan St			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City San Francisco	State CA	Zip Code 94110-4323	Transaction ID: 31501584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37110 7020	500.00
Name of Employer UCSF	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Matthew J Kraay, , MD			Date of Receipt
Mailing Address 11100 Euclid Ave	0 3 1 6 2 0 1 0		
City Cleveland	State OH	Zip Code	Transaction ID: 31501587
FEC ID number of contributing federal political committee.	C	44106-1716	Amount of Each Receipt this Period 1000.00
Name of Employer University Hospital Case Med Ctr	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Christopher B Michelsen, , MD			Date of Receipt
Mailing Address 5141 Broadway Rm 3-029			03 17 2010
City	State	Zip Code	Transaction ID: 31502506
New York FEC ID number of contributing federal political committee.	C	10034-1159	Amount of Each Receipt this Period 750.00
Name of Employer NY Orthopaedic Hospital	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 289 / 371 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amel	tatements may not be sold or used by any personame and address of any political committee to rican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Norman H Higgins, , MD Mailing Address 7544 Jacque Rd City Hudson FEC ID number of contributing federal political committee. Name of Employer The Center for Bone & Joint Disease Receipt For: Primary General Other (specify)	State Zip Code FL 34667-7162 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31502507 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Ronald G Hood, , MD Mailing Address 4802 S 109th East Ave City Tulsa FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code OK 74146-5822 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31502509 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Charles M Davis, III, MD Mailing Address 30 Hope Dr EC089 City Hershey FEC ID number of contributing federal political committee. Name of Employer The Milton S Hershey Medical Center Receipt For: Primary General Other (specify)	State Zip Code PA 17033-2036 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 17 2010 Transaction ID: 31502510 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	_	2250.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 290 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COM	MITTEE (In Full)		y not be sold or used by any person dress of any political committee to lation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
	First, Middle Initial)		anon or Ormopaodic Cargot	Date of Receipt
	725 Reservoir Ave Ste	101		03 / 17 / 2010
City		State	Zip Code	Transaction ID: 31502511
<u>Cranston</u> FEC ID number	of contributing	RI	02910-4450	Amount of Each Receipt this Period
federal political o		C		500.00
Name of Employ Ortho Associate	er s of RI	Occupation	n edic Surgeon	7
Receipt For:		<u> </u>	Year-to-Date ▼	
Primary Other (spe	☐ General cify) ▼		500.00]
Full Name (Last, Dr. Jerry L Cochr.	First, Middle Initial) an, , MD			Date of Receipt
Mailing Address	10 Desta Dr Ste 100-E			03 17 2010
City		State	Zip Code	Transaction ID: 31502513
<u>Midland</u>		TX	79705-4513	Amount of Each Receipt this Period
FEC ID number federal political o		С		250.00
Name of Employ West Texas Ort	er nopedics	Occupation Orthopae	n edic Surgeon	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General cify) ▼		250.00	
Full Name (Last, Dr. Alberto D Cue	First, Middle Initial)			Date of Receipt
	17270 Red Oak Dr Ste	200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 31502514
<u>Houston</u>		TX	77090-2632	Amount of Each Receipt this Period
FEC ID number federal political of		C		1000.00
Name of Employ KSF Orthopaedi	er c Center	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Re	Leipts This Page (optional)			1750.00
	d (last page this line number o		·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 291 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Paul E Perry, , MD Mailing Address 225 Crosslake Dr City Evansville FEC ID number of contributing federal political committee. Name of Employer Tri-State Orthopaedic Surgeons Receipt For: Primary General Other (specify)	State Zip Code IN 47715-8198 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 17 2 0 1 0 Transaction ID: 31502515 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Richard Allen Geline, , MD Mailing Address 1225 Central Rd City Glenview FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60025-4349 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31502516 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Oheneba Boachie-Adjei, , MD Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General Other (specify)	State Zip Code NY 10021-4823 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 17 2010 Transaction ID: 31502517 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) >	2250.00

		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Al	merican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert E Miegel, , MD			Date of Receipt
Mailing Address 97 Payson Rd			03 17 2010
City Chestnut Hill	State MA	Zip Code 02467-3271	Transaction ID: 31502797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Pro Sports Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Richard Roux, , MD			Date of Receipt
Mailing Address 1211 N 16th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31502798
Yakima FEC ID number of contributing federal political committee.	C	98902-1347	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedics NW	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C Kennedy, , MD			Date of Receipt
Mailing Address 1106 Pecks Canyor	า		03 17 2010
City Yakima	State WA	Zip Code 98908-2140	Transaction ID: 31502799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55555 E145	1000.00
Name of Employer Orthopaedics Northwest	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optiona	l)		2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 293 / 371 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce D Browner, , MD			Date of Receipt
	Mailing Address Dept of Ortho Surg MA 263 Farmington Ave	ARB 4th Fi		03 17 2010
	City	State	Zip Code	Transaction ID: 31502800
	<u>Farmington</u>	СТ	06034-4037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Connecticut Health Center	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Juliet M DeCampos, , MD	ı		Date of Receipt
	Mailing Address 9400 University Pkwy	Ste 309		03 17 2010
	City	State	Zip Code	Transaction ID: 31502801
	Pensacola	FL	32514-5485	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. David C Johnson, , MD			Date of Receipt
	Mailing Address 19455 Deerfield Ave S	te 312		03 17 2010
	City	State	Zip Code	Transaction ID: 31502803
	Lansdowne	VA	20176-8102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer National Sports Medicine	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 294 / 371 (check only one) X 11a
(Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Suppose	e name and ad	ldress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Richard A Brown, , MD			Date of Receipt
	Mailing Address 9850 Genesee Ave St		03 17 2010	
	City	State	Zip Code	Transaction ID: 31502804
	<u>La Jolla</u>	CA	92037-1206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Torrey Pines Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Cesar M Roca, Jr, MD Mailing Address 3610 Springhill Memo	orial Dr N		Date of Receipt
				03 17 2010
	City Mobile	State AL	Zip Code 36608-1162	Transaction ID: 31502805 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30000 1102	1000.00
	Name of Employer Alabama Orthopaedic Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Frank Joseph Gerratana, , MD Mailing Address 1 Lake St Ste 101			Date of Receipt 0 3 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 31502807
	New Britain	CT	06052-1395	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Grove Hill Medical Center	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
T	TOTAL This Period (last page this line numbe	r only)		

[7	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 295 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An	he name and ad	dress of any political committee to	o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	Terican Assoc	Tation of Orthopaedic Surger	
A.	Dr. Leslie H Kim, , MD Mailing Address 901 Campus Dr Ste	111		Date of Receipt
	<u>-</u>		7'- 0-4-	03 17 2010
	City Daly City	State CA	Zip Code 94015-4930	Transaction ID: 31502808 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34013 4300	500.00
	Name of Employer West Bay Orthopaedic Medi- cal Group	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. George Walter Balfour, , MD			Date of Receipt
	Mailing Address 14624 Sherman Way	y #303		03 17 2010
	City	State	Zip Code	Transaction ID: 31502809
	Van Nuys	CA	91405-2288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VOSA		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_).	Full Name (Last, First, Middle Initial) Dr. Matthew E Mitchell, , MD Mailing Address 4140 Centennial Hill:	a Plud Sta A		Date of Receipt
		S DIVU SIE A		03 17 2010
	City Casper	State WY	Zip Code 82609-3265	Transaction ID: 31502810
	FEC ID number of contributing federal political committee.	C	02003-3203	Amount of Each Receipt this Period 500.00
	Name of Employer Casper Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ		1		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 296 / 3 / 1 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Szalay, , MD			Date of Receipt
Mailing Address 1127 University Blv	rd NE		03 17 2010
City <u>Albuquerque</u>	State NM	Zip Code 87102-1740	Transaction ID: 31502811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of New Mexico	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Upshur M Spencer, , MD	I		Date of Receipt
Mailing Address 3260 Providence D	r Ste 200		03 17 2010
City	State	Zip Code	Transaction ID: 31502812
Anchorage FEC ID number of contributing federal political committee.	C	99508-4603	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert S Wetmore, , MD			Date of Receipt
Mailing Address 1579 Straits Tpke S	Ste E1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middlebury	State CT	Zip Code 06762-1835	Transaction ID: 31502814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00702-1000	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
			1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 297 / 371 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. M Scott Beall, Jr, MD			Date of Receipt
	Mailing Address 6544 High Dr			03 / 17 / 2010
	City Mission Hills	State KS	Zip Code	Transaction ID: 31502816
	FEC ID number of contributing federal political committee.	C	66208-1936	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. James Christopher Califf, MD Mailing Address 1234 Huffman Mill Ro	1		Date of Receipt
	Mailing Address 1234 Hullman Mill Ro	1		03 17 2010
	City	State	Zip Code	Transaction ID: 31502817
	Burlington FEC ID number of contributing federal political committee.	NC C	27215-8700	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Joseph K Weistroffer, , MD			Date of Receipt
	Mailing Address 839 N Dearborn St U	nit B		0 3
	City Chicago	State IL	Zip Code 60610-3373	Transaction ID: 31502818
	FEC ID number of contributing federal political committee.	C	00010-5575	Amount of Each Receipt this Period 250.00
	Name of Employer Northwestern University	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 298 / 371 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may r the name and addre	not be sold or used by any persons of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associa	tion of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey Mark Smith, , MD			Date of Receipt
Mailing Address 7910 Frost St Ste 2	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31502819
San Diego	CA	92123-2776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Orthopaedic Tráuma & Fracture Speciali		lic Surgeon	
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. John Robert Starynski, , MD	1		Date of Receipt
Mailing Address 8118 Northern Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31502820
Minocqua	WI	54548-9103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Langlade Memorial Hospital	Occupation Orthopaed	lic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Claudette Malvina Lajam, , MD			Date of Receipt
Mailing Address 240 E 39th St Apt 5	В		03 17 2010
City	State	Zip Code	Transaction ID: 31502821
New York	NY	10016-7201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hospital for Joint Diseas- es	Occupation Orthopaed	lic Surgeon	
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			1000.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 299 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Bradford L Currier, , MD Mailing Address 200 First St SW Dept of Ortho Surg City Rochester	State MN	Zip Code 55905-0001	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic	C	on .	250.00
	Receipt For: Primary General Other (specify) ▼	 	edic Surgeon e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. John B Weltmer, Jr, MD Mailing Address 12152 Tesson Ferry R	d		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31503013
	Saint Louis FEC ID number of contributing federal political committee.	C	63128-1726	Amount of Each Receipt this Period 250.00
	Name of Employer Tesson Heights Orthopaedi- cs		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Steven Eager, , MD Mailing Address 2488 N California St	1		Date of Receipt
				03 / 17 / 2010
	City Stockton	State CA	Zip Code 95204-5508	Transaction ID: 31503014 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33204 3300	250.00
	Name of Employer Self Employed	Occupation Orthopae	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)	,	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 300 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christopher M Miller, , MD Mailing Address 5059 S Greenbriar	Δνο	Date of Receipt
City	State Zip Code	0 3 1 7 2 0 1 0 Transaction ID: 31503016
Springfield FEC ID number of contributing federal political committee.	MO 65804-7758	Amount of Each Receipt this Period 750.00
Name of Employer Orthopaedic Specialists of Springfield Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. William B Stetson, , MD Mailing Address 191 S Buena Vista	St Ste 470	Date of Receipt 0 3 1 7 2 0 1 0
City	State Zip Code	0 3 1 7 2 0 1 0 Transaction ID: 31503017
<u>Burbank</u>	CA 91505-4541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Joseph B Chalal, , MD		Date of Receipt
Mailing Address 7593 Boynton Bead	ch Blvd Ste 280	03 17 2010
City	State Zip Code	Transaction ID: 31503018
Boynton Beach FEC ID number of contributing federal political committee.	FL 33437-6163	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	2000.00

or for commercial purposes, other than NAME OF COMMITTEE (In Full) Political Action Committee of Full Name (Last, First, Middle Initia Dr. Mark J Ghilarducci, , MD Mailing Address 2100 Solar Dr City Oxnard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	State Zip Code CA 93036-0649 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	solicit contributions from such committee.		
Political Action Committee of Full Name (Last, First, Middle Initia Dr. Mark J Ghilarducci, , MD Mailing Address 2100 Solar Dr City Oxnard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	State Zip Code CA 93036-0649 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Dr. Mark J Ghilarducci, , MD Mailing Address 2100 Solar Dr City Oxnard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	State Zip Code CA 93036-0649 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID: 31503019 Amount of Each Receipt this Period		
City Oxnard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	State Zip Code CA 93036-0649 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID: 31503019 Amount of Each Receipt this Period		
Oxnard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	CA 93036-0649 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00			
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia Dr. Keith L Wapner, , MD	250.00			
Dr. Keith L Wapner, , MD				
Mailing Address University of F	,	Date of Receipt		
	Mailing Address University of Penn Health System 230 W Washington Square			
City Philadelphia	State Zip Code PA 19106-3500	Transaction ID: 31503020		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00		
Name of Employer Univ of Penn Health System	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initia Dr. Robert J Heaps, , MD	l)	Date of Receipt		
Mailing Address 66 Colonel Da	aniels Dr	03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 31503021		
Bedford FEC ID number of contributing federal political committee.	NH 03110-5010	Amount of Each Receipt this Period 500.00		
Name of Employer New Hampshire Orthopedic Center	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (d	I	1250.00		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for De	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 302 / 371 (check only one) X
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and address o	of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Gerald J Lang, , MD Mailing Address 600 Highland Ave City Madison FEC ID number of contributing federal political committee. Name of Employer University of Wisconsin Receipt For:			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 31503022 Amount of Each Receipt this Period 1000.00
– B.	Full Name (Last, First, Middle Initial) Dr. Frank A B Gottschalk, , MD Mailing Address Dept of Ortho Surgery 1801 Inwood Rd City	State Z	1000.00	Date of Receipt 0 3 1 7 2 0 1 0
	Dallas FEC ID number of contributing federal political committee. Name of Employer UT Southwestern Medical Ctr Receipt For: Primary General Other (specify)		¹ 5390-0001 urgeon	Transaction ID: 31503023 Amount of Each Receipt this Period 1000.00
_ C.	Full Name (Last, First, Middle Initial) Dr. William S Sutherland, , MD Mailing Address 150 Rt 1 Bypass City Portsmouth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 3 17 2010 Transaction ID: 31503027 Amount of Each Receipt this Period 250.00
	Other (specify) SUBTOTAL of Receipts This Page (optional)		250.00	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 303 / 3 / 1 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Edward W Kelly, , MD			Date of Receipt
Mailing Address 701 25th Ave S Ste	e 505		0 3 1 7 2 0 1 0
City	State MN	Zip Code	Transaction ID: 31503029
Minneapolis FEC ID number of contributing federal political committee.	C	55454-1443	Amount of Each Receipt this Period 250.00
Name of Employer Twin Cities Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Bradley White, , MD	I		Date of Receipt
Mailing Address The Wellness Ctr Ste 200 458 Old St Rd			03 / 17 / 2010
City Peterborough	State NH	Zip Code	Transaction ID: 31503030
FEC ID number of contributing federal political committee.	С	03458-1265	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD	 		Date of Receipt
Mailing Address UCSD Dept of Orth 350 Dickinson St S	opaedics te 121		0 3 1 7 Y Y Y Y Y
City San Diego	State CA	Zip Code	Transaction ID: 31503031
FEC ID number of contributing federal political committee.	C	92103-1913	Amount of Each Receipt this Period 750.00
Name of Employer UCSD	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional			1500.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 304 / 371 (check only one) X
Any info	ormation copied from such Reports and S commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IE OF COMMITTEE (In Full) tical Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
4. <u>Dr. N</u>	Name (Last, First, Middle Initial) Iorman L Donati, , MD			Date of Receipt
	ng Address 612 W Gordon St			03 17 2010
City Tho	maston	State GA	Zip Code 30286-3480	Transaction ID: 31503032 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		500.00
Nam Ups	e of Employer on Orthopaedic Clinic	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>Dr. D</u>	Name (Last, First, Middle Initial) Daniel T Stein, , MD			Date of Receipt
Maili	ng Address 11160 Warner Ave Ste	03 17 2010		
City	ntain Valley	State	Zip Code	Transaction ID: 31503034
FEC	ntain Valley ID number of contributing ral political committee.	CA	92708-4055	Amount of Each Receipt this Period 750.00
Nam Coa: ocia	e of Employer stline Orthopaedic Ass-	Occupatio Orthopae	n edic Surgeon	
	eipt For: Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Name (Last, First, Middle Initial) dolph J Yates, Jr, MD			Date of Receipt
Maili	ng Address Shadyside Medical Bld 5200 Centre Ave	lg Ste 415		03 18 2010
City Pitts	sburgh	State PA	Zip Code 15232-1338	Transaction ID: 31505866 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		350.00
Nam Univ	e of Employer of Pittsburgh Med Ctr	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTO	DTAL of Receipts This Page (optional)			1600.00
	This Period (last page this line number		<u> </u>	

SCHEDUL	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 305 / 371 (check only one) X
or for commercia	al purposes, other than using the DMMITTEE (In Full)	name and ad	y not be sold or used by any pers dress of any political committee to iation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La Dr. Timothy J Mailing Addre City Rochester FEC ID numb federal politic. Name of Employe	ast, First, Middle Initial) Clader, , MD ess 20 Hagen Dr Ste 110 er of contributing al committee.	State NY C Occupatio Orthopae	Zip Code 14625-2665	Date of Receipt M M
Receipt For: Primary Other (s	General General ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Dr. Evander F	ast, First, Middle Initial) Fogle, , MD ess 3687 Canyon Ridge Ct	: NE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 31506095
Atlanta FEC ID numb federal politications Name of Emp		GA C	30319-4823	Amount of Each Receipt this Period 250.00
Receipt For:	rthopaedics	Orthopa	edic Surgeon e Year-to-Date ▼ 250.00	
Dr. Jeff Alan T	ast, First, Middle Initial) raub, , MD ess 215 Bright Water Cove	;		Date of Receipt 0 3 1 8 2 0 1 0
City		State	Zip Code	Transaction ID: 31506097
<u>Alpharetta</u>		GA	30022-8021	Amount of Each Receipt this Period
FEC ID numb	per of contributing al committee.	C		500.00
Name of Emp Self Employe	oloyer d	Occupatio Orthopae	on edic Surgeon	
Receipt For: Primary Other (s	General General	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional)			1750.00
TOTAL This Pe	eriod (last page this line number	only)	•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 306/371 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Mark A Frankle, , MD			Date of Receipt
Mailing Address 13020 Telecom Pk	wy N		03 18 2010
City Temple Terrace	State FL	Zip Code 33637-0925	Transaction ID: 31506098 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Florida Ortho Institute	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James G Floyd, , MD			Date of Receipt
Mailing Address 2320 Arbor Glenn			0 3 1 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31506099
Hoover	AL	35244-1521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Jefferson Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial)			4
Dr. Michael R Sheen, , MD Mailing Address 2200 Kellwest Blvd	l		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31506100
Wichita Falls FEC ID number of contributing	TX	76309	Amount of Each Receipt this Period 1000.00
federal political committee.	C		1000.00
Name of Employer United Regional Physicians Group Bookint For	 	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	-1\		3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 307 / 371 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Debra M Parisi, , MD			Date of Receipt
	Mailing Address 697 West End Ave Ap	ot PH B		03 18 2010
	City New York	State NY	Zip Code 10025-6921	Transaction ID: 31506101
	FEC ID number of contributing federal political committee.	C	10025-0921	Amount of Each Receipt this Period 250.00
	Name of Employer Continium Health Partners	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Cary B Chapman, , MD	1		Date of Receipt
	Mailing Address 2348 Richmond Rd			03 18 2010
	City	State	Zip Code	Transaction ID: 31506503
	Staten Island	NY	10306-2346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Brayton R Shirley, , MD			Date of Receipt
	Mailing Address 22 Poinsett Ave			03 18 2010
	City	State	Zip Code	Transaction ID: 31506504
	Greenville	SC	29601-1614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Greenville Hospital System	_,	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 308 / 371 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to erican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. James P Fogarty, , MD Mailing Address 11800 FM 1960 W City Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code TX 77065-3840 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D M 2010 Transaction ID: 31506505 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Edward Akelman, , MD Mailing Address 2 Dudley St Ste 200 City Providence FEC ID number of contributing federal political committee. Name of Employer University Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code RI 02905-3248 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Transaction ID: 31506507 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Michael Marks, , MD, MBA Mailing Address 399 Main Ave apt 422 City Norwalk FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code CT 06851-1569 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 31506508 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) .		2500.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 309 / 371
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
A information and formation Bounds and O			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Richard B Schultz, , MD			Date of Receipt
Mailing Address 302 University Blvd			03 18 7 9 9 9
City	State	Zip Code	Transaction ID: 31506509
Round Rock	TX	78665-1032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Scott & White	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General		500.00	
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. John Paul Houde, , MD			Date of Receipt
Mailing Address 241 Elm St			M M / D D / Y Y Y Y
			03 18 2010
City	State Zip Code		Transaction ID: 31506510
Claremont	NH	03743-2026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Valley Regional Hospital	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Blake Curd, , MD			Date of Receipt
Mailing Address 810 E 23rd St PO Box 5116			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31506511
Sioux Falls	SD	57105-2135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopedic Institute	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date ▼	7
Primary General		250.00	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 310 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Alexandra Elizabeth Page, , MD		Date of Receipt		
Mailing Address 13601 Del Ponient		03 / 18 / Y Y Y Y Y		
City Poway	State Zip Code CA 92064-2220	Transaction ID: 31506512		
FEC ID number of contributing federal political committee.	CA 92004-2220	Amount of Each Receipt this Period 1000.00		
Name of Employer Southern Permanente Medic- al Group	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Paul M Huddleston, , MD		Date of Receipt		
Mailing Address 200 1st St SW	Mailing Address 200 1st St SW			
City	State Zip Code	Transaction ID: 31506513		
Rochester FEC ID number of contributing federal political committee.	MN 55905-0001	Amount of Each Receipt this Period 1000.00		
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Alexander Blevens, , MD		Date of Receipt		
Dr. Alexander Blevens, , MD Mailing Address 3635 Bienville Blvd	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 31506514		
Ocean Springs	MS 39564-5711	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Bienville Ortho Specialis- ts	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (option	al)	2500.00		
	nber only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 311 / 371 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amel	name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Anglen Mailing Address Dept of Ortho Surgery 541 Clinical Dr Ste 600 City	State	Zip Code	Date of Receipt M
	Indianapolis FEC ID number of contributing federal political committee.	C	46202-5233	Amount of Each Receipt this Period 500.00
	Name of Employer Indiana University School of Medicine Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 500.00	
Б.	Full Name (Last, First, Middle Initial) Dr. George F Chimento, , MD Mailing Address 2405 Chester St			Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 31511258
	Metairie FEC ID number of contributing federal political committee.	C	70001-3029	Amount of Each Receipt this Period 500.00
	Name of Employer Ochsner Medical Center	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Robert Cameron More, , MD			Date of Receipt
O .	Mailing Address 6 Sandhill Rd Ste 102			03 23 2010
	City	State	Zip Code	Transaction ID: 31511259
	Flemington FEC ID number of contributing federal political committee.	C	08822-4946	Amount of Each Receipt this Period
	Name of Employer Hunterdon Orthopaedic Ins- titute Receipt For:		on edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 312 / 371 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Samantha A Spencer, , MD Mailing Address 9 Hawthorne PI #8-M City Boston FEC ID number of contributing federal political committee. Name of Employer Children's Orthopaedic Surgical Founda Receipt For: Primary General Other (specify)	State Zip Code MA 02114-2324 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 23 2010 Transaction ID: 31511260 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Stephen G Taylor, , MD Mailing Address 6001 Westown Pkwy City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Des Moines Orthopaedic Surgeons Receipt For: Primary General Other (specify)	State Zip Code IA 50266-7702 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven E Roser, , MD Mailing Address Inter Mountain Ortho 600 N Robbins Rd Ste City Boise FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code ID 83702 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 23 2010 Transaction ID: 31511262 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .		1650.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 313 / 371 (check only one) X 11a
A oı	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD Mailing Address 74 B Centennial Loop	Cto 200		Date of Receipt
	Walling Address 74 B Centennial Loop) SIE 300		03 23 2010
	City	State	Zip Code	Transaction ID: 31511263
	Eugene	OR	97401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Dr. Subramanyan Jayasankar, , MD			Date of Receipt
	Mailing Address 74 Country Dr			03 / 23 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31511266
	Weston	MA	02493-1165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Leber, , MD	l		Date of Receipt
	Mailing Address 690 N Cofco Center (Ct Ste 190		03 / 23 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31511267
	Phoenix	AZ	85008-6471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Arizona Hand & Wrist Spec- ialists		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 314 / 371 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	o solicit contributions from such committee.
Political Action Committee of the	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John Keith Frazier, , MD		Date of Receipt
Mailing Address 5801 Norris Can	yon Rd Ste 210	03 23 2010
City	State Zip Code	Transaction ID: 31511268
San Ramon	CA 94583-5440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Webster Orthopaedic Medic- al Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Gerardo D Trinidad, , MD		Date of Receipt
Mailing Address Trinidad Orthopa 1735 27th St Wa	ller Bldg	03 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portsmouth	State Zip Code OH 45662-2677	Transaction ID: 31511269
FEC ID number of contributing federal political committee.	C 43002-2011	Amount of Each Receipt this Period 1000.00
Name of Employer Trinidad Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert S Supinski, , MD		Date of Receipt
Mailing Address 875 Pre-Emption	Rd	03 23 2010
City	State Zip Code	Transaction ID: 31511270
Geneva	NY 14456-2042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Finger Lakes Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1750.00
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 315 / 371 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. George D Rhyneer, , MD Mailing Address Rhyneer Clinic 3841 Piper St Ste City Anchorage	T311 State Zip Code AK 99508-4674	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 3 2 0 1 0 Transaction ID: 31511271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Rhyneer Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	2000.00
Full Name (Last, First, Middle Initial) Dr. Zoran Cupic, , MD Mailing Address 909 Frostwood Ste City Houston FEC ID number of contributing federal political committee. Name of Employer Memorial Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code TX 77024-2309 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31511272 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Richard H Cobden Mailing Address 385 Forest Hills Ct City Fairbanks FEC ID number of contributing federal political committee. Name of Employer Fairbanks Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code AK 99709-2454 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al) >	4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 316 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Jeffrey John Anderson, , MD Mailing Address 333 O'Connor Dr City San Jose FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95128-1623 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt 0 3
Full Name (Last, First, Middle Initial) Dr. Steven W Pearson, MD Mailing Address 5333 Hollister Ave City Santa Barbara FEC ID number of contributing federal political committee.	Ste 120 State Zip Code CA 93111-3314 C	Date of Receipt M M M
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr. John Larry Fambrough, , MD Mailing Address 15781 Professional City	Plaza State Zip Code	Date of Receipt M M
Hammond FEC ID number of contributing federal political committee.	LA 70403-1452	Amount of Each Receipt this Period 250.00
Name of Employer Plaza Orthopaedic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)	1000.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 317 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Justin G LaMont, , MD Mailing Address 24 Farragut Rd City Scarsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 10583-7206 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 31511279 Amount of Each Receipt this Period 400.00
— В.	Full Name (Last, First, Middle Initial) Dr. Glenn C Landon, , MD Mailing Address 2nd FI Orthopaedics 2727 W Holcombe Blv City Houston FEC ID number of contributing federal political committee. Name of Employer Kelsey-Seybold Clinic Receipt For: Primary General Other (specify)	State TX C Occupation Orthopa	Zip Code 77025-1669 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ С.	Full Name (Last, First, Middle Initial) Dr. Garth B Wright, , MD Mailing Address 569 Skyline Dr Ste 100 City Jackson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TN C Occupation Orthopa	Zip Code 38301-3911 on edic Surgeon e Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 2 3 2 0 1 0 Transaction ID: 31511281 Amount of Each Receipt this Period 2000.00
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	3400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 318 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brent R Davis, , MD Mailing Address 706 Larkspur Ave City Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Receipt For:	State Zip Code CA 92625-2340 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Bernard N Stulberg, , MD Mailing Address 1730 W 25th St Ste	250.00	Date of Receipt
City Cleveland FEC ID number of contributing federal political committee.	State Zip Code OH 44113-3108	Transaction ID: 31513024 Amount of Each Receipt this Period 1000.00
Name of Employer Cleveland Ctr for Joint Reconstruction Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD Mailing Address 3651 College Blvd City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Leawood FEC ID number of contributing federal political committee.	KS 66211-1910	Amount of Each Receipt this Period 2000.00
Name of Employer Dickson Diveley Midwest Ortho Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	
SUBTOTAL of Receipts This Page (optional)	3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 319 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John P Lyden, , MD Mailing Address Rm 355 West		Date of Receipt
535 E 70th St		03 23 2010
City New York	State Zip Code NY 10021-4823	Transaction ID: 31513026
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surg- ery Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael A Kelly, , MD		Date of Receipt
Mailing Address 360 Essex St #303		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31513027
<u>Hackensack</u>	NJ 07601-8566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Hackensack Univ Medical Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. T J Rasmussen, , MD	-	Date of Receipt
Mailing Address 3651 College Blvd S	Ste 100B	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31513028
Leawood	KS 66211-1910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Ortho & Sports Med Consul- tants	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	I)	3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 320 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Reginald E Manning, , MD Mailing Address 263 7th Ave Ste 2B City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11215-3693 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31513030 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Thomas J Brodrick, , MD Mailing Address 521 W State Rd 434 City Longwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32750-5165 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 2 3 2 0 1 0 Transaction ID: 31513031 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Robert P Limoni, , MD Mailing Address 3072 Bay Settlemen City Green Bay FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WI 54311-7274 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
SUBTOTAL of Receipts This Page (optional)	2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surged	ons
	Full Name (Last, First, Middle Initial) Dr. Craig R Springmeyer, , MD			Date of Receipt
	Mailing Address 1455 E Bert Kouns II	ndstrl Loop		03 23 2010
	City	State	Zip Code	Transaction ID: 31513034
	Shreveport	LA	71105-5634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Highland Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. James A Shapiro, , MD			Date of Receipt
	Mailing Address 6308 8th Ave Ste 10	20		03 23 2010
	City	State	Zip Code	Transaction ID: 31513036
	Kenosha	WI	53143-5031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UHSI	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	525.00	
	Full Name (Last, First, Middle Initial) Dr. Giles R Scuderi, , MD	1		Date of Receipt
	Mailing Address 210 East 64th St 4th	FI		03 23 2010
	City	State	Zip Code	Transaction ID: 31513037
	New York	NY	10065-7471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 322 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David P Bealle, , MD Mailing Address 105 Keeton Dr City Hopkinsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 42240-8756 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Howard A King, , MD Mailing Address 600 N Robbins Rd S City Boise FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Dr. Jeffrey N Guttman, , MD Mailing Address 31 Hunting Hollow C City Dix Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NY 11746-6164 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 323 / 371 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Kenneth J Kress, , MD		Date of Receipt
Mailing Address 5671 Peachtree Dur Ste 700	·	03 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 31525820
Atlanta FEC ID number of contributing	GA 30342-5047	Amount of Each Receipt this Period 1000.00
federal political committee. Name of Employer	Occupation	_
Name of Employer Resurgens Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Kurt F Konkel, , MD		Date of Receipt
Mailing Address N 84 W 16889 Mend	omonee Ave	03 26 2010
City	State Zip Code	Transaction ID: 31525821
Menomonee Falls	WI 53051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Aurora Advanced Healthcare	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. William S Johnson, III, MD		Date of Receipt
Mailing Address 502 Rue de Sante S	Ste 106	03 26 YYYYY 03 26 2010
City	State Zip Code	Transaction ID: 31525822
La Place	LA 70068-5424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer River Region Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 324 / 371 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy Davidovitch, , MD Mailing Address Dept of Orthopaedic 301 E 17th St Ste 1	616	Date of Receipt 0 3 / 2 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31525864
New York	NY 10003-3804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer NYU Hospital for Joint Di- seases	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr. Scott Philip Worrell, , MD	Dd Cto 205	Date of Receipt
Mailing Address 11110 Medical Cam	ipus Ra Sie 205	03 26 2010
City	State Zip Code	Transaction ID: 31525865
Hagerstown	MD 21742-6797	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. W Dan Caffrey, Jr, MD		Date of Receipt
Mailing Address 201 E Wendover Av	/e	03 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 31525866
Greensboro	NC 27401-1205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Southeastern Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	•	2300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 325 / 371 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James K McKechnie, , MD Mailing Address 103 Professional Pl	z		Date of Receipt
City <u>Mattoon</u>	State IL	Zip Code 61938-9252	Transaction ID: 31525867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopae	dic Surgeon Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Franklin Lynch, Jr, MD Mailing Address 1 Medical Center D	r		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31525868
<u>Lebanon</u>	NH	03756-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dartmouth Hitchcock Memor- ial Hospital Receipt For:		dic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) Dr. Hugh Carroll McLeod, III, MD	D.1.01.000		Date of Receipt
Mailing Address 1163 Johnson Ferry	y Ra Ste 200		03 / 26 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31525870
Marietta FEC ID number of contributing federal political committee.	GA C	30068-2764	Amount of Each Receipt this Period 250.00
Name of Employer Atlanta Orthopaedic Speci- alists		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)		1750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Charles and the second	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 326 / 371 (check only one) X
	Any information copied from such Reports and a prior for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Suppose Sup	e name and ad	ldress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Richard M Gray, , MD	- Dil		Date of Receipt
	Mailing Address 14547 Bruce B Downs	s Biva		03 26 2010
	City	State	Zip Code	Transaction ID: 31525875
	Tampa	FL	33613-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Florida Medical Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Joseph J Williams, , MD Mailing Address 2325 Dougherty Ferry	Rd Ste 202		Date of Receipt 0 3 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 31526072
	Saint Louis	MO	63122-3356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bone & Joint Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. D Daniel Rotenberg, , MD Mailing Address 2870 Highland Blvd			Date of Receipt 0 3 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 31526073
	Mound	MN	55364-8533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ridgeview Medical Center	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1650.00
T	TOTAL This Period (last page this line numbe	r only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 327 / 371 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Bruce M Leslie, , MD			Date of Receipt
	Mailing Address 2000 Washington St	Ste 343		03 26 2010
	City	State	Zip Code	Transaction ID: 31526075
	Newton	MA	02462-1625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. James G Warmbrod, Jr, MD			Date of Receipt
	Mailing Address 616 W Forest Ave			03 26 2010
	City	State	Zip Code	Transaction ID: 31526076
	Jackson	TN	38301-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jackson Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD			Date of Receipt
	Mailing Address 2845 Chancellor Dr			03 26 2010
	City	State	Zip Code	Transaction ID: 31526077
	Crestview Hills	KY	41017-3419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Commonwealth Orthopaedic		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Г				2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 328 / 371 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and add	dress of any political committee to	o solicit contributions from such committee.
∠_ A .	Full Name (Last, First, Middle Initial) Dr. James Hon-Kit Lau, , MD Mailing Address 3460 E La Palma Ave City Anaheim FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Receipt For:	, ' 	Zip Code 92806-2020 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M 26 2010 Transaction ID: 31526078 Amount of Each Receipt this Period 250.00
 B.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen John Franzino, , MD	Aggregate	250.00	Date of Receipt
	Mailing Address 3435 Valle Verde Dr S City Napa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State CA C Occupation Orthopae	Zip Code 94558-2408 on edic Surgeon e Year-to-Date ▼ 250.00	Transaction ID: 31526079 Amount of Each Receipt this Period 250.00
.	Full Name (Last, First, Middle Initial) Dr. Galen Richard Smith, , MD Mailing Address 2202 John B Dennis H City Kingsport FEC ID number of contributing federal political committee. Name of Employer Appalachian Orthopaedic Associates Receipt For: Primary General Other (specify)	State TN C Occupation Orthopae	Zip Code 37660-5904 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / 26 / 2010 Transaction ID: 31526080 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 329 / 371 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Stephen A Yoder, , MD		Date of Receipt
Mailing Address 934 Center St S		03 / 26 / 2010
City Ashland	State Zip Code OH 44805-4063	Transaction ID: 31526157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. D Gordon Newbern, , MD	0.0.400	Date of Receipt
Mailing Address 600 S McKinley	y St Ste 102	03 / 26 / Y Y Y Y Y
City Little Rock	State Zip Code AR 72205-5211	Transaction ID: 31526158
FEC ID number of contributing federal political committee.	AR 72205-5211	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Brett Raymond Grebing, , MD		Date of Receipt
Mailing Address 6812 State Rou	te 162 Ste 123	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Maryville	State Zip Code IL 62062-8586	Transaction ID: 31526160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 02002-0300	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (op	tional)	2500.00
	number only)	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 330 / 3 / 1 (check only one)
Any information copied from such for for commercial purposes, other to	Reports and Statements may han using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Political Action Committee	,	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Ir Dr. Daniel C Johnson, , MD	itial)		Date of Receipt
Mailing Address 1000 W 4tl	St Ste 1		03 26 2010
City Yankton	State SD	Zip Code 57078-3700	Transaction ID: 31526161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Yankton Bone and Joint Center		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In Dr. James Spiegel, , MD Mailing Address 1662 Domi	,		Date of Receipt
		7:- O - d -	03 26 2010
City Santa Cruz	State CA	Zip Code 95065-1522	Transaction ID: 31526162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Palo Alto Foundation Medi- cal Group	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Ir Dr. Bruce Edward Thomas, , MD	itial)		Date of Receipt
Mailing Address 1486 E Sky	rline Dr #202		03 26 2010
City	State	Zip Code	Transaction ID: 31526163
Ogden	UT	84405-4863	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	00 0	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Pag	e (optional)		2000.00

A.

В.

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X)

PAGE 331 / 371 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. James Langston Hughes, , MD Date of Receipt Mailing Address Dept of Ortho Surg 26 03 2010 2500 North State St Zip Code City State Transaction ID: 31526164 <u>Jackso</u>n MS 39216-4500 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Univ of Mississippi Med Occupation Orthopaedic Surgeon Ctr Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Richard Parker Evans, , MD Date of Receipt 0 3 26 2010 4301 W Markham, #531 City Zip Code Transaction ID: 31526165 State Little Rock AR 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer University of Arkansas Occupation Orthopaedic Surgeon

SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)	•	579602.00

Aggregate Year-to-Date ▼

500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 332 / 371 (check only one) 11a 11b 11c 12 13 14 X 15 16 1
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to perican Association of Orthopaedic Surgeo	
Political Action Committee of the Am	rencan Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road		Date of Receipt
		01 20 2010
City	State Zip Code	Transaction ID: 31203740
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	683.88
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	683.88	Refund of bank fees from affiliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31381524
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3479.89
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4163.77	Refund of bank fees from affiliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		03 25 2010
City	State Zip Code	Transaction ID: 31525121
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3015.35
Name of Employer	Occupation	
Receipt For: Primary General	Aggregate Year-to-Date ▼	Refund of bank fees from
Other (specify) ▼	7179.12	affiliated organization
SUBTOTAL of Receipts This Page (optional)		7179.12
	er only)	7179.12

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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Political Action Committee of the America	ne and address of any politica	al com	mitt	ee to so	icit conti							
	Full Name (Last, First, Middle Initial) DANPAC Mailing Address 315 C Street SE					Trans Date		sburs	_	-		0 1 0	Y
	City	State Zip Code					ınt o			ourse		t this F	
	Washington Purpose of Disbursement	DC 20003	Г	01:	,						500	00.00	
	Candidate Name DANPAC		Ca	01 ateg Typ	ory/								
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	•										
	Full Name (Last, First, Middle Initial) Michael Burgess For Congress					Trans Date		sburs	emer				Y
	Mailing Address PO Box 2334					0 1		(0 6	L	2	0 1 0	
	City Denton Purpose of Disbursement	State Zip Code TX 76202	Г			Amou	int o	Each	n Disl	ourse		t this F 00.00	
	Candidate Name Rep. Michael C. Burgess, M.D.		Ca	01 ateg Typ	ory/								
	Office Sought: X House Senate President State: TX District: 26	ement For: 2010 Primary X General Other (specify)											
	Full Name (Last, First, Middle Initial) Roskam For Congress Committee					Trans Date	of Di	sburs	emer				
	Mailing Address P. O. Box 713					0 1	М	D (0 6	/ L	ž	0 Í 0	Y
	City Wheaton	State Zip Code IL 60187				Amou	ınt o	Each	n Disl	ourse	-	t this F	-
	Purpose of Disbursement Candidate Name		-	01				•			400	00.00	
	Mr. Peter Roskam			ateg Typ	ory/ e								
	Office Sought: X House Senate President State: IL District: 06	ement For: 2010 Primary X General Other (specify)											
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П _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28	-	24 28c	25 29	
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Political Action Committee of the American	and address of any political of	commit	tee to sol	licit contri					s
L	Full Name (Last, First, Middle Initial)					action	ID : 3	11078	89	
	National Republican Senatorial Committee Mailing Address 425 Second Street NE						o 6	nt / Y	ž 0 1 (o ^Y
	City Washington	State Zip Code DC 20002			Amou	nt of Ea	ach Dis		nent this I	
	Purpose of Disbursement Candidate Name		01					1	5000.00) •
	National Republican Senatorial Committee	ment For:	Categ Typ							
	Senate President State: District:	Primary General Other (specify) ▼								
	Full Name (Last, First, Middle Initial) National Republican Congressional Comm	ittee					ID: 3		93	
	Mailing Address 320 First Street, SE			0 ^M 1	M /	06	/ Y	ž 0 1 (O Y	
	Washington	State Zip Code DC 20003			Amou	nt of Ea	ach Dis		nent this I	
	Purpose of Disbursement Candidate Name National Republican Congressional Comm	ittee	01 Categ	jory/		•	•	'	3000.00	
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼								
	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con	mittee			Date o	of Disbu	ID: 3			V
	Mailing Address 430 S Capitol St SE 2nd Floor				0 1		0 6	/	ž 0 1 (
	City Washington Purpose of Disbursement	State Zip Code DC 20003			Amou	nt of Ea	ach Dis		nent this I	
	Candidate Name Democratic Congressional Campaign Com	mittee	01 Categ	jory/		•			1110	
	Office Sought: House Disburse	ment For: Primary General								
	Senate President State: District:	Other (specify)								

FEMILE DISCULDS FAILURE	Use separate schedule(s)	(check only	NUMBER: PAGE 335 / 371 one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Start for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Association of Orthopae	edic Surgeons	
Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Comi	nittee		Transaction ID: 31107898 Date of Disbursement
Mailing Address 120 Maryland Avenue	, NE		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix} $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	15000.00
Candidate Name Democratic Senatorial Campaign Com		Category/ Type	
Senate President	rsement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 31107899
Tuesday Group PAC			Date of Disbursement
Mailing Address PO Box 11586		01 06 7 2010	
City Washington	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Tuesday Group PAC		Category/ Type	
Office Sought: House Disbuter Senate President	rrsement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 31127488
Rogers For Congress			Date of Disbursement
Mailing Address PO Box 581 Post Office Box 581			
City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Michael J. Rogers		Category/ Type	
Senate President	rrsement For: 2010 X Primary General Other (specify) ▼		
State: MI District: 08			

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	Full Name (Last, F Mikulski For Se	irst, Middle Initial) nate Committee							action ID: of Disburse	_	7490	
	Mailing Address	P O B 13147						0 ^M 1	M / D 1	D /	ž 0 1	0 ^Y
	City Baltimore			state MD	Zip Code 21203			Amou	nt of Each	Disburse		
	Purpose of Disbur	sement					011				1000.0	0
	Candidate Name Sen. Barbara A		1				tegory/ Type					
	Office Sought:	House X Senate President		nent For: Primary Other (spe	2010 General ecify) ▼							
	Full Name (Last, F	District: First, Middle Initial) nited States Cong	aress						action ID:	-	7580	
	Mailing Address	PO Box 32175								1 /	^Y 201	0 ^Y
	City Detroit			state MI	Zip Code 48232			Amou	nt of Each	Disburse	ement this	Perio
	Purpose of Disbur	sement					011	7 L.			1000.0	0
		heeks Kilpatrick					tegory/ Type					
	Office Sought: State: MI	X House Senate President District: 13		nent For: Primary Other (spe	2010 General ecify)							
	Full Name (Last, F		ttee						action ID: of Disburse		1704	
	Mailing Address	PO Box 360						0 ^M 1	M / D 1	3 /	ž01	0 ^Y
	City Prescott			state AR	Zip Code 71857			Amou	nt of Each	Disburse		
	Purpose of Disbur	sement					011				1500.0	0
	Candidate Name Rep. Michael A		Levi		02:2		tegory/ Type					
	Office Sought:	X House Senate		nent For: Primary Other (spe	2010 General							
		President			Colly) w							

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	À	21b 27	22 28a	X	23 28b		24 28c		25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Political Action Committee of the America	e and address of any political con	nmitte	ee to sol	icit contr							
	Full Name (Last, First, Middle Initial) Our Congress PAC Mailing Address PO Box 344				Trans Date o		sburs	emer			0 Ĭ 0	Y
	City Prescott Purpose of Disbursement	State Zip Code AR 71857	U		Amou	nt of	Each	n Disk	ourse	-	this P	eriod
	Candidate Name Our Congress PAC Office Sought: House Disburs	ement For:	011 atego Type	ory/								
_	Senate President State: District:	Primary General Other (specify) ▼										
•	Full Name (Last, First, Middle Initial) Lone Star PAC Mailing Address 217 3rd Street SE				Date of 0 1			emer			0 Ĭ 0	Y
	City Washington Purpose of Disbursement Candidate Name Lone Star PAC	State Zip Code DC 20003	011 atego	ory/	Amou	nt of	Each	n Disk	ourse		this P	eriod
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee						sburs	_	. — . •		0 Ĭ 0	Y
	Mailing Address PO Box 87 City Uwchland	State Zip Code PA 19480			O 1	nt of			ourse		this P	
	Purpose of Disbursement Candidate Name Rep. James W. Gerlach	C	011 atego	ory/	L.		•	•		100	00.00	
		ement For: 2010 Primary General Other (specify)	71-									
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule	e(S) (chack on	E NUMBER: PAGE 338 / 371
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Any Information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ame	rican Association of Ortho	paedic Surgeor	S
Full Name (Last, First, Middle Initial) Friends Of Phil Hare			Transaction ID: 31216429 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 224 18th Street P.O. Box 4183			01 22 2010
City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		011 Category/	
Rep. Phil Hare		Type	
Office Sought: X House Dis	bursement For: 2010 X Primary Gener	ral	
President	Other (specify)	u.	
State: IL District: 17			
Full Name (Last, First, Middle Initial)			Transaction ID: 31216430
Bob Etheridge For Congress Committee	ee		Date of Disbursement
Mailing Address Post Office Box 2800 PO Box 28001)1		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Raleigh	State Zip Code NC 27611		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Bob Etheridge		O11 Category/ Type	
	oursement For: 2010	1,750	-
Senate	X Primary Gener	ral	
State: NC District: 02	Other (specify)		
Full Name (Last, First, Middle Initial) Texans For Lamar Smith			Transaction ID: 31216431 Date of Disbursement
Mailing Address PO Box 6155			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City San Antonio	State Zip Code TX 78209		Amount of Each Disbursement this Perio
Purpose of Disbursement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1000.00
Candidate Name Rep. Lamar S. Smith		011 Category/	
	oursement For: 2010	Туре	-
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Senate President	X Primary Gener Other (specify) ▼		
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<u>/_</u>	Carper For Ser								Date o	of D	ion ID:			2 2 0 1 0	Y
	Mailing Address	19 East Common							0 1						
	City New Castle			State DE	Zip Code 19720				Amou	nt o	t Each	Disbur		nt this F	
	Purpose of Disbut							gory/	L.	•	•		10	00.00	
	Sen. Thomas F Office Sought: State: DE	House X Senate President District:		ment For: Primary Other (spe	2012 General		Тур	De							
		First, Middle Initial)							Date o	of D	isburse				V
	Mailing Address	227 Massachuse Suite 101	tts Aven	ue, NE					0 ^M 1	М	[′] 2	^D 2	` . 2	ž o ť o	Y
	City Washington			State DC	Zip Code 20002				Amou	nt o	f Each	Disbur	seme	nt this F	Perio
	Purpose of Disbui	rsement					01	1		-			50	00.00	
	Candidate Name The Blue Dog F	PAC						gory/							
	Office Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼										
		First, Middle Initial)							Date o	of D	isburse				
	Mailing Address	818 Connecticut Suite 1100	Ave, NW	J					0 ^M 1	М	[/] 2	2 /	Y Z	ž o ť o	Y
	City Washington			State DC	Zip Code 20006				Amou	nt o	f Each	Disbur	seme	nt this F	Perio
	Purpose of Disbui	rsement					01	1			-		50	00.00	
	Candidate Name GLACIER PAC							gory/							
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼										
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ny Information copied from such Reports and Star for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Association of Orthopae	dic Surgeons	
Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transaction ID: 31223885 Date of Disbursement
Mailing Address PO Box 5458			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{smallmatrix} \end{bmatrix} $
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. John M. Shimkus		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: IL District: 19 Full Name (Last, First, Middle Initial)			Transaction ID: 31224971
Our Congress PAC			Date of Disbursement
Mailing Address PO Box 344			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & C \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{smallmatrix} \end{bmatrix} \ \ 0 \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ 1 \ \ 0 \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ \ 1 \ \ 0 \ \ \ 1 \ \ 0 \ \ \ \ \ \ 1 \ \ 0 \ \ \ \ \ \ \ 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Perio
Purpose of Disbursement Void-Name Changed to Advance Arkansas		011	-5000.00
Candidate Name Our Congress PAC		Category/ Type	
Senate President	rsement For: Primary General Other (specify) ▼		Void-Name Changed to Adva- nce Arkansas
State: District: Full Name (Last, First, Middle Initial) Advance Arkansas PAC			Transaction ID: 31227667 Date of Disbursement
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City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Perio
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Candidate Name Advance Arkansas PAC		Category/ Type	
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211	_	22 28a	X	23 28b	Н	24 28c	Н	25 29	26 30b
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NAME OF COMMITTEE (In Full)											
Political Action Committee of the America	n Association of Orthopaedi	ic Surge	ons								
Full Name (Last, First, Middle Initial) Poe For Congress				Trans Date			_	_	098		
Mailing Address P.O. Box 14222				0 ^M 2	М	[′]	0 1	/ Y	ž	0 Ť (o ^Y
City Humble	State Zip Code TX 77347			Amou	int o	f Each	n Dis	burse	men	t this	Period
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Candidate Name Rep. Ted Poe		Category/ Type	1								
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State: TX District: 02											
Full Name (Last, First, Middle Initial) Roskam For Congress Committee				Trans Date of			_	_	120		
Mailing Address P. O. Box 713				0 ^M 2	М	^D C	0 1	/ Y	ž	0 1 (o ^Y
City Wheaton	State Zip Code IL 60187			Amou	int o	f Each	n Dis	burse	-	-	Period
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Candidate Name Mr. Peter Roskam		Category/ Type									
	ement For: 2010 Primary General Other (specify)										
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Full Name (Last, First, Middle Initial) Paul Tonko For Congress				Trans Date		sburs	eme		704		
Mailing Address 911 Central Avenue PO Box 221				0 ^M 2	М	[′]) 3 ^D	/ L	ž	0 1 (o ^Y
City Albany	State Zip Code NY 12206			Amou	int o	f Each	n Dis	burse	-		Period
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Candidate Name Rep. Paul David Tonko		Category/ Type									
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TOTAL This Period (last page this line number only)

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	City University Heights Purpose of Disbursement	State Zip Code OH 44118			Amou	int of E	Each D	isburs	-	t this P	-
	Candidate Name Rep. Marcia L. Fudge			gory/ pe							
		ement For: 2010 Primary General Other (specify)									
	Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hal Mailing Address Post Office Box 711	- Rockwall			Date		n ID: oursem	/		0 Ĭ 0	Υ
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Political Action Committee of the A	american Association of C	orthopaedic Surgeor	ns
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Office Sought: House Senate President	Disbursement For: Primary Other (specify)	General	
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Griffith For Congress			Transaction ID: 31330684 Date of Disbursement
Mailing Address Post Office Box 2	2916		02 7 7 7 2010
City Huntsville	State Zip Cod AL 35804		Amount of Each Disbursement this Perio
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Candidate Name Mr. Parker Griffith		Category/ Type	
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Suite 1100 City Washington DC 20006 Purpose of Disbursement Void - Not accepting contributions from health industry field Candidate Name GLACIER PAC Office Sought: President State: District: Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee Mailing Address Purpose of Disbursement Candidate Name Rep. C.W. Bill Young Office Sought: X House Primary State Zip Code St. Petersburg FL 33743 Purpose of Disbursement Candidate Name Rep. C.W. Bill Young Office Sought: X House President State: FL District: 1011 Category/ Type Disbursement Other (specify) Transaction ID: 31510891 Date of Disbursement 011 Category/ Type Amount of Each Disbursement this I Category/ Type Transaction ID: 31510892 Date of Disbursement Other (specify) Transaction ID: 31510892 Date of Disbursement Other (specify) Transaction ID: 31510892 Date of Disbursement Mailing Address Mailing Address 100 W. College Ave. 50 D State Zip Code Mailing Address Amount of Each Disbursement this I	Any Information copied from such Reports and State or for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full) Political Action Committee of the Americal Full Name (Last, First, Middle Initial) GLACIER PAC Mailing Address 818 Connecticut Ave, Name Suite 1100 City Washington Purpose of Disbursement Void - Not accepting contributions from health in Candidate Name GLACIER PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Detailed Summary Page ements may not be sold or use me and address of any politica an Association of Orthopa WW State Zip Code DC 20006 dustry field sement For: Primary General Other (specify)	21b 27 27 27 27 27 27 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	22 X 23 24 25 28 28 28 29 5 29 5 28 28 28 28 28 29 5 29 5
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Dity	State	Zip Code		Amount of Ea	ch Disbursement this Per
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Candidate Name Rep. Mark E. Souder			Category/ Type		
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Candidate Name Rep. Christopher Scott Murphy			Category/ Type		
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NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopae	dic Surgeons	
Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sand	hez		Transaction ID: 31510897 Date of Disbursement
Mailing Address 1212 S. Victory B Suite 211	vd		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Burbank	State Zip Code CA 91502		Amount of Each Disbursement this Period 1000.00
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Rep. Linda T. Sanchez	Disbursement For: 2010	Category/ Type	
Senate President	X Primary General Other (specify) ▼		
State: CA District: 39 Full Name (Last, First, Middle Initial)			Transaction ID: 31510924
Whitfield For Congress Committee			Date of Disbursement
Mailing Address P.O. Box 391			03 24 2010
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Edward Whitfield		Category/ Type	
Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼		
State: KY District: 01 Full Name (Last, First, Middle Initial) Crowley For Congress			Transaction ID: 31510925 Date of Disbursement
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Full Name (Last, First, Middle Initial) Tim Ryan For Congress Mailing Address 1600 Roosevelt Avenue Suite 804 City Niles Purpose of Disbursement	State Zip Code OH 44446	Transaction ID: 31510935 Date of Disbursement M M M / D D D / Y Y Y O Y O Y Amount of Each Disbursement this Period
Candidate Name Rep. Timothy J. Ryan Office Sought: X House Senate President State: OH District: 17	Cate Tylesement For: 2010 X Primary General Other (specify)	gory/
Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The Mailing Address P.O. Box 1444	e	Transaction ID: 31510936 Date of Disbursement M M M / D 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Full Name (Last, First, Middle Initial) Tiberi For Congress Mailing Address 2931 E Dublin Granville Suite 190 City Columbus Purpose of Disbursement Candidate Name Rep. Patrick J. Tiberi Office Sought: X House Senate President State: OH District: 12	State Zip Code OH 43231 01 Cate Tyl Sement For: 2010 Primary X General Other (specify)	gory/
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Political Action Committee of the	American	Associa	tion of Orthopa	edic	Sı	ırgeon	3						
Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress									ion ID:	: 3152	24653	3	
Mailing Address 9340 Fuerte Dr	ive Suite 3	102					0 ^M 3			26	YZ	ž 0 i 0	Υ
City		State	Zip Code				Amo	unt c	of Each	Disbur	semer	nt this P	eriod
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Candidate Name Mr. Duncan Hunter					ateg Typ	•							
Office Sought: X House Senate	Disburser X	ment For: Primary	2010 General										
President State: CA District: 52		Other (sp	ecify)										
Full Name (Last, First, Middle Initial)	<u> </u>						Tran	sact	ion ID	: 3152	24654	1	
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Mailing Address PO Box 9055							0 3		້ _ ້2	26	2	ž 0 ĭ 0	
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Full Name (Last, First, Middle Initial) Shelby For U S Senate							Date	of D	isburs				V.
Mailing Address Post Office Box	1091						0 ^M 3	М	′ _ 2	26	ÝŽ	ž 0 1 0	Y
City Tuscaloosa		State AL	Zip Code 35403				Amo	unt c	of Each	Disbur	semer	nt this P	eriod
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Candidate Name Sen. Richard C. Shelby					01 ⁻ ateg Typ	ory/							
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<u> </u>	NAME OF COMMITTEE (In Full) Political Action Committee of the				
	Full Name (Last, First, Middle Initial) Wyoming Values PAC				Transaction ID: 31524671 Date of Disbursement
Ī	Mailing Address PO Box 1665				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\O3&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\26\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2010\end{smallmatrix}\end{bmatrix}$
	City Alexandria	State VA	Zip Code 22313		Amount of Each Disbursement this Period
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1	Wyoming Values PAC			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	General ecify) ▼		
	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei				Transaction ID: 31524708 Date of Disbursement
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-	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Daniel B. Maffei			Category/ Type	
	Office Sought: X House Senate President State: NY District: 25	Disbursement For: X Primary Other (spe	2010 General ecify) ▼		
-	Full Name (Last, First, Middle Initial) Tim Walz for US Congress				Transaction ID: 31524709 Date of Disbursement
-	Mailing Address PO Box 938				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
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Political Action Committee of the A	imencan Associa	ation of Orthopae	edic S	urgeor	is						
Full Name (Last, First, Middle Initial)					Trans	action ID	. 3	15247	711		_
Joe Donnelly For Congress						of Disburs	_	-			
Mailing Address PO Box 1961					0,3	M / D 2	26	/ Y	ž 0 1 (0 ^Y	
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Candidate Name			O.	gory/							
Rep. Joseph Donnelly			Ty								
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Full Name (Last, First, Middle Initial)											
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Mailing Address PO Box 1597					0 3		26	L	ž 0 1 (0	
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Candidate Name Rep. Dennis R. Rehberg				gory/							
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Senate	X Primary	General									
State: MT District: 01	Other (sp	pecify)									
Full Name (Last, First, Middle Initial)								45045	740		
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Mailing Address C/O October, Inc P.O. Box 370672					0 ^M 3		26	Ĺ	ž 0 1 (0	
City Las Vegas	State NV	Zip Code 89137			Amou	int of Each	n Dis	burser	ment this	Perio	рd
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NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	··		
Full Name (Last, First, Middle Initial)			Transaction ID: 31528125
Geoff Davis For Congress			Date of Disbursement
Mailing Address PO Box 17192 Suite F			03
City Ft Mitchell	State Zip Code KY 41017		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Mr. Geoffrey Davis		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: KY District: 04			
Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.			Transaction ID: 31528128 Date of Disbursement
Mailing Address PO Box 682185			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 0 \end{bmatrix}$
City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Period
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Candidate Name Rep. Marsha Blackburn		Category/ Type	
Office Sought: X House Disbut Senate President	rsement For: 2010 Primary X General Other (specify)		
State: TN District: 07			
Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro			Transaction ID: 31528129 Date of Disbursement
Mailing Address 12 Trumbull Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City New Haven	State Zip Code CT 06511		Amount of Each Disbursement this Period
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Candidate Name Rep. Rosa L. DeLauro		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)	, , , , , , , , , , , , , , , , , , ,	
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	Name (Last, First, Middle Initial) ans For Senator John Corny	/n Inc		Transaction ID: 31528130 Date of Disbursement
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City Aust		State Zip C TX 787		Amount of Each Disbursement this Period 2500.00
	ose of Disbursement		011 Category/	2500.00
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	e: TX District: Name (Last, First, Middle Initial) pard Burr Committee, The			Transaction ID: 31528236
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City Wins	ston-Salem	State Zip C NC 271		Amount of Each Disbursement this Perio
	ose of Disbursement		011	5000.00
Cand Rep.	didate Name . Richard M. Burr		Category/ Type	
Office	e Sought: House X Senate President		2010 General	
	: NC District:			
	Name (Last, First, Middle Initial)			Transaction ID: 31528242
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Full Name (Last, First, Middle Initial) Minnick For Congress						Date		burse	3152 ement		3 2 0 1 C	Y
Mailing Address P O Box 288						0.3		3	0		. 0 1 0	<u>'</u>
City Meridian	State ID	Zip Code 83642				Amou	nt of E	Each	Disbur			_
Purpose of Disbursement Candidate Name)11 tegory/						25	00.00	
Mr. Walter Minnick				.egory/ .ype								
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State: ID District: 01 Full Name (Last, First, Middle Initial)												
Rogers For Congress						Date of		burse	D /			Υ
Mailing Address PO Box 581 Post Office Box 581						0 3		3	Ŏ ,	2	0 i c)
City Brighton	State MI	Zip Code 48116				Amou	nt of E	Each	Disbur	semer	t this F	Perio
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Candidate Name Rep. Michael J. Rogers				egory/ ype								
Senate President	ursement For: Primary Other (spe	2010 X General ecify) ▼										
State: MI District: 08 Full Name (Last, First, Middle Initial)						_			- · -			
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Mailing Address PO Box 1406						0 ^M 3		3	0 /	2	010)
City Hickory	State NC	Zip Code 28603				Amou	nt of E	Each	Disbur		-	
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Candidate Name Rep. Patrick Timothy McHenry			Ca	egory/ ype	_							
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Association of Ortho	paedic Surgeons	3
Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee			Transaction ID: 31528294 Date of Disbursement
Mailing Address PO Box 2145			03
City West Columbia	State Zip Code SC 29171		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Joe Wilson		Category/ Type	
Senate President	rsement For: 2010 Primary X Genera Other (specify) ▼	d	
State: SC District: 02 Full Name (Last, First, Middle Initial)			Transaction ID: 31528301
Heller For Congress			Date of Disbursement
Mailing Address PO Box 750580			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{smallmatrix} \Big] \Big/ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \Big]$
City Las Vegas	State Zip Code NV 89136		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Dean Heller		Category/ Type	
Senate President	rsement For: 2010 Primary X Genera Other (specify)	1	
State: NV District: 02 Full Name (Last, First, Middle Initial)			Transaction ID: 31528310
Ryan For Congress			Date of Disbursement
Mailing Address P. O. Box 1919			03
City Janesville	State Zip Code WI 53547	_	Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Paul D. Ryan		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify)	ıl	
State: WI District: 01			
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<u>v</u>	Full Name (Last, First, Middle Initial) Ryan For Congress					Date	saction of Disbu				1 0 Y	1	
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	State: WI District: 01 Full Name (Last, First, Middle Initial) Continuing a Majority Party Political Actio	n Comm					saction of Disbu	_		312			
	Mailing Address 5915 Eastman Avenue Suite 100					0 3	M /	^D 3 0	/ Y	ž 0	1 0 °		
	City Midland	State Zip Code MI 48640				Amou	int of Ea	ach Dis	burser	nent th	nis Per	rio	
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	Continuing a Majority Party Political Actio		Ľ	Тур	•								
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	Full Name (Last, First, Middle Initial) Charlie Dent For Congress					Date	saction of Disbu	ırseme				_	
	Mailing Address PO Box 442					0 ^M 3	M /	^D 3 0	/ L	ž o	10		
	City Allentown	State Zip Code PA 18105				Amou	int of Ea	ach Dis	burser	ment th	nis Per	rio	
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	Candidate Name Rep. Charles W. Dent		\ \ \ \ \ \ \ \ \ \	ateg	ory/								
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Charlie Dent For Congress						ate of Dis			/ Y Y	Y	
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Full Name (Last, First, Middle Initial)						ransactio			315		
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Mailing Address P.O. Box 40233					L	0 3	3 0		201	0	
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	ement For:	2010									
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Full Name (Last, First, Middle Initial) Shelby For U S Senate						ransaction			316		
Mailing Address Post Office Box 1091					- [0 3 /	3 0) / Y	2 0 1	O Y	
Mailing Address Post Office Box 1091					-	• •					
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 Full Name (Last, First, Middle Initial) Voice for Freedom					Date	action I of Disbu	rsement		3 2 0 1 0	Y
Mailing Address P.O. Box 425					03		3 0		2010	
Roswell	State Zip Code GA 30077				Amou	nt of Ead	ch Disbu			
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Candidate Name Voice for Freedom			ateg Typ	•						
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 Full Name (Last, First, Middle Initial) Truth Accountability and Courage PAC (TA	ACPAC)					action I	_		7	
Mailing Address 228 S. Washington Stree Suite 115	et				0 3	M / [30 /	Y	2 0 1 0	Υ
City Alexandria	State Zip Code VA 22314				Amou	nt of Ead	ch Disbu	ırsemer	nt this P	'erioc
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Mailing Address PO Box 9639					0 3	M / [30	2	2 0 1 0	<u> </u>
City Bowling Green	State Zip Code KY 42102				Amou	nt of Ead	ch Disbı	ırsemer	nt this P	'erio
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Candidate Name Rep. Brett Guthrie			ateg	ory/						
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\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaec	dic Surgeons	s
	Full Name (Last, First, Middle Initial) Citizens For Altmire Mailing Address P.O. Box 1776			Transaction ID: 31530458 Date of Disbursement
	City Freedom Purpose of Disbursement	State Zip Code PA 15042	011	Amount of Each Disbursement this Period 1500.00
	Candidate Name Rep. Jason Altmire	1	Category/ Type	
	Office Sought: X House Senate President State: PA District: 04	Disbursement For: 2010 X Primary General Other (specify) ▼		

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SCHEDULE B (FEC Form 3X)	Use separate so	chedule(s)		IE NUMBER:		PAGE	369 /	371					
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Political Action Committee of the American	Association of	Orthopaedi	c Suraeo	ns									
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Political Action Committee of the America	n Association of Orthopa	edic Surgeons	3
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 31364852 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} I & D & D \\ 0 & 0 & 5 \end{smallmatrix} & \begin{smallmatrix} I & Y & Y & Y & Q \\ Y & 2 & 0 & 1 & 0 & Y \end{bmatrix}$
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